

# **PART 7**

## **PROGRAM REVIEW**

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**CHAPTER 1 - OVERVIEW**

**1-1 PURPOSE**

The purpose of a program review is to measure how effectively the facilities engineering mission is being accomplished at the IHS Area Offices and service units as part of Headquarters Management Control and an ongoing Total Quality Management Program.

**1-2 SCOPE**

- A. Headquarters, Office of Environmental Health and Engineering (OEHE), Division of Facilities Management (DFM), Facilities Engineering Branch (FEB) is responsible for ensuring through various management techniques that the assigned program elements of the facilities engineering program are being met by the Area Office and the installations under its jurisdiction. During the review, the implementation of the facilities engineering mission will be analyzed. A determination will be made regarding whether the mission is properly implemented, how well it is being accomplished, if it is being accomplished effectively, and if there is reasonable assurance that it will continue to be accomplished effectively.
- B. The Area program review will largely consist of an analysis of the level of technical and administrative application of facilities engineering program elements at field installations. This is accomplished through examination of compliance with policies and procedures developed, implemented and enforced by the Area office.

**1-3 POLICY**

- A. Headquarters, DFM/FEB will conduct regularly scheduled on-site program reviews, as well as special un-scheduled reviews as required by program needs. Program reviews are intended to be conducted in government owned and operated, and government owned and tribally operated (PL 93-638) installations. It will be left up to the Area office to coordinate and recommend whether a program review should be conducted on a tribal owned and operated installation. All program reviews will be approved by the Associate Director, Headquarters OEHE. The mechanism for initiating reviews will be one of the following:
  - (1) Initiated by Headquarters, DFM/FEB as part of its management control and ongoing total quality management.
  - (2) A special request submitted by any Associate Area Director, OEHE to Headquarters.
  - (3) As a result of a recommendation from a field visit by others

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(e.g., Inspector General, accreditation survey, Office of Engineering Services, Headquarters DFM/FEB technical visit, etc.).

- B. The effectiveness of the program will be measured by a technical and administrative review of the Area Office and at least two field installations in the Area. The Director, DFM Headquarters will select the service unit sites to be included in the reviews.
- C. The Areas to be reviewed, the tentative dates and the service units to be reviewed for each upcoming fiscal year will be scheduled one year in advance. This is accomplished through coordination at the annual planning meeting of the OEHE Environmental Management Branch (EMB) in Albuquerque.
- D. Reviews will be conducted by a Peer Review Team assembled by Headquarters. The team will consist at a minimum, of one Headquarters Facilities Engineer and one Area Facilities Engineer from an Area other than the one being reviewed. Expenses incurred by team members detailed from the field, incidental to the temporary assignment, will be reimbursed by Headquarters, OEHE. The detailed field employee will receive a letter from Headquarters OEHE which will allow him/her to receive travel orders issued by his employing unit. Upon completion of the detail the detailed employee will submit a copy of the completed travel voucher for reimbursement to his employing unit by Headquarters OEHE.
- E. The criteria which will be used to conduct the program review are contained in the appendices to this document.
- F. Program review criteria are designed solely for reviewing facilities engineering program elements. They are not intended to prescribe policy, organizational structure, or functional distribution of program activities.
- G. A final written report of the program review will be submitted to the Area Director within 45 days of the program review visit.

#### **1-4 PROCEDURES**

It is recommended that the Area Facilities Office maximize the exposure of Facilities Managers to the review process. Reviews will visit only two service units per Area each year. Since program reviews occur every 3 years in each Area, it is recommended that the Area Facilities Engineer arrange for Facilities Managers from other service units that are not being reviewed to join the review team as observer participants. Since at least two other service units will be visited, Facilities Managers can be scheduled to visit whichever service unit could benefit them the most. It has proven a worthwhile training experience for those who have participated in other Areas. In this manner Facilities Managers from the entire Area will benefit from the program review experience. This will allow them to compare

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their own installation program with the review team comments and the reviewed service unit program.

A. PRIOR TO THE VISIT

(1) The Chief, FEB Headquarters will:

- Recommend to the Director, DFM Headquarters the appointment of the peer review team and designate which team member will be assigned as the team coordinator. (See Exhibit 1-4-C)
- Contact the Area Facilities Engineer to confirm the final date and installations to be visited during the review. This is accomplished at least 60 calendar days before the final scheduled review date.

(2) Team Coordinator will:

- Initiate a memorandum for the signature of the Associate Director OEHE to the Area Director informing him/her of the review schedule that has been coordinated with the Area OEHE Office. A copy is also forwarded to the Area Facilities Engineer through the Area Associate Director, OEHE. This is accomplished at least 45 calendar days before the scheduled review date (See Exhibit 1-4-A).
- Initiate a memorandum for the signature of the Headquarters Director DFM to the detailed Area Peer Reviewer with a copy of the review schedule (See Exhibit 1-4-B).
- Review the advanced preparation material forwarded by the Area and share it with the review team as appropriate.
- Develop preliminary interview assignments for the team members and advise the Area Facilities Engineer to have the Facilities Managers available on the day(s) of the review and have documentation and/or records available for the team members.

B. AT START OF THE VISIT

The Team Coordinator will:

- Schedule a meeting at the hotel where the team will lodge the night before the start of the review. At that time the logistics will be finalized. Responsibilities will be assigned, and the material submitted by the Area will be reviewed.
- Report to the Area Director's Office upon arrival at the Area Office. In some instances, due to logistics, the

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review team may proceed directly to a service unit first rather than an Area Office.

- Report to the Service Unit Director's Office upon arrival at the service unit.

C. DURING THE VISIT

(1) The Team Coordinator will:

- Coordinate with the Area Facilities Engineer on procedures, schedules and special assignments for the review. In some instances the review team may split up and conduct reviews simultaneously at two different service unit sites.
- Develop the preliminary draft of recommendations to be discussed during the closing conference with the service unit director at each service unit.
- Develop, with other team members, a response to each question raised in the summary exit interview at the service unit and Area office.

(2) The Facilities Manager will:

- Ascertain that all documentation required to substantiate facilities program elements is available prior to the site visit.
- Pre-arrange a schedule of interviews with key department heads that will be interviewed during the review visit. The interviews are conducted as a quality assurance of the facilities engineering department. Interviews should be scheduled for no less than 30 minutes with 30 minutes intervals between each. The interviews must be scheduled the afternoon of the first day at the site.

D. AT COMPLETION OF VISIT

The Team Coordinator will:

- Hold an exit conference with the Area Director, Associate Area Director, OEHE and Area Facilities Engineer to communicate the preliminary findings of the review team.

E. FOLLOWING THE VISIT

The Team Coordinator will:

- Coordinate the assembly of reports from the team members and consolidate the information into one report.
- Forward an advance draft of the final report to the

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Headquarters Branch Chief DFM/FEB, to the Area Facilities Engineer and the Area Peer Reviewer for comments. The draft will be given 15 days for response and/or corrections. A response is required from each draft reviewer.

- Prepare the final report for the signature of the Associate Director, OEHE, through the Director Division of Facilities Management (DFM) Headquarters to the Area Director. The final report requests a plan of action to correct the recommendations resulting from the review. A period of 45 days is given for the preparation of the plan of action (See Exhibit 1-4-D). The time frame for accomplishing the recommendations in the plan of action is left entirely to the Area. However, it is expected that the recommendations in the plan of action will be accomplished before the next scheduled review in three years.
- Complete the final report within 30 calendar days of the visit and submit the final report to the Branch Chief Headquarters DFM/FEB.

The Headquarters, Chief Facilities Engineering Branch will:

- Schedule a follow up visit within one year of receipt of the plan of action from the Area. This follow up visit will assess the progress of the milestones in the plan of action.

## **1-5 RESPONSIBILITIES**

A review is a unique opportunity to analyze the effectiveness of the facilities engineering program at the Area and service unit level. It is extremely important, to the outcome of the report that key individuals understand their respective responsibilities. Recommendations if accepted, may alter and affect the organizational structure, scope, and effectiveness of the program.

### **A. AREA DIRECTOR**

- (1) Authorizes the interface of Area staff officials with reviewer(s) during the site visit.
- (2) Notifies the reviewer(s) during the entrance interview of unique situations which could affect the program evaluation.
- (3) Reviews report recommendations to initiate actions as appropriate.
- (4) Discusses the report and recommendations with the Associate Area Director OEHE and the Area Facilities Engineer.
- (5) Discusses the report and recommendations with the Service Unit Director if appropriate.

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B. AREA FACILITIES ENGINEER

- (1) Coordinates the submission of the pre-survey information packet. Completes the appendices related to the Area Office review and coordinates with the service unit the completion of the service unit related appendices. The total packet is then forwarded to Headquarters DFM/FEB by the Area office at least 20 workdays prior to the site visit.
- (2) Coordinates the assembling of documentation required during the Area office and service unit site visits.
- (3) Plans, coordinates and recommends site travel accommodations to include necessary transportation and hotel reservations, to and from the Area office and service units as appropriate. Headquarters will make the formal reservations when the information is received from the Area.
- (4) Candidly shares program deficiencies with the reviewer(s) even though the evaluation report could impact on the management of facilities engineering elements in the future.

C. FACILITIES MANAGER

- (1) Coordinates tour of the facility.
- (2) Completes the review questionnaire for his/her installation and forwards the documentation to the Area office so that it may be forwarded to Headquarters on a timely basis.
- (3) Assembles and coordinates the necessary documentation required during the service unit visit.
- (4) Coordinates the scheduling of interviews with department heads at the service unit for the quality assurance assessment (See Appendix C16).

D. DIRECTOR, DIVISION OF FACILITIES MANAGEMENT - HEADQUARTERS

- (1) Allocates necessary travel funds for accomplishing program reviews.
- (2) Reviews reports and initiates action to effect those recommendations deemed appropriate for Headquarters accomplishment.
- (3) Reviews and concurs on all program review visits.

E. CHIEF, FACILITIES ENGINEERING BRANCH - HEADQUARTERS

- (1) Identifies facilities engineering program objectives and develops an evaluation system to determine how well they are being implemented by Area offices.

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- (2) Ensures that changes in program review policies and procedures are incorporated in the review criteria.
- (3) Implements a review schedule to ensure program reviews are conducted at each Area a minimum of every three years.
- (4) Recommends designation of field and Headquarters peer review members to the Director DFM.
- (5) Reviews the quality of the reports and support documentation and provides feedback to the reviewer(s).
- (6) Forwards the report to the Area Director through administrative channels in Headquarters OEHE.
- (7) Using information obtained through program reviews modifies, improves, and strengthens facilities engineering objectives in Headquarters and the field.

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**EXHIBIT 1-4-A**  
**SAMPLE PROGRAM REVIEW AGENDA**

TO: Director  
Nashville Area

FROM: Associate Director  
Office Of Environmental Health and Engineering

SUBJECT: Facilities Engineering Program Review Agenda

Our office has scheduled a facilities engineering program review in your Area from October 19 to October 23, 19XX. We plan to review the facilities engineering program elements only. Other facilities management programs will be reviewed separately. We have agreed with your staff to visit the following service units during the review.

October 19 & 20	Choctaw Service Unit Philadelphia, Mississippi
October 21	Poarch Band of Creek Atmore, Alabama
October 22 & 23	Nashville Area Facilities Office

We ask that your facilities management staff coordinate our visits and inform the Service Unit Directors at the various sites. Mr. George Styer should forward, to Headquarters, at least 20 workdays before our visit, the following documents for the Area and each service unit in the review.

AREA OFFICE

- [ ] Completed copies of appendices A1 thru A7 of the Technical Handbook for Health Facilities, Volume VI, Facilities Engineering, Part 72, Program Review.
- [ ] Area Office Organizational Chart
- [ ] Area OEHE Organizational Chart
- [ ] Area Facilities Engineering Organizational Chart
- [ ] Area Facilities Procedure Index
- [ ] Area Facilities Filing Index

SERVICE UNIT

- Completed copies of appendices C1 thru C15 of the Technical Handbook for Health Facilities, Volume VI, Facilities Engineering, Part 72, Program Review.
- The most recent JCAHO, Plant Technology and Safety Management survey recommendation for the sites we will visit during the review.

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- Service Unit Organizational Charts
- Service Unit Facilities Organizational Charts
- Service Unit Facilities Procedure Index
- Service Unit Facilities Filing Index

The appendices should be completed by the appropriate Facilities Managers so that they may become familiar with the criteria that we will use during the site survey.

We appreciate your support for the review process. Program reviews have proven beneficial for the Areas, service units, and Headquarters. We welcome the opportunity to assist your staff and simultaneously obtain ideas and learn of innovations that we can share with other Areas.

Since we will be visiting only two service units during this review and since these reviews occur every 3 years in each Area, we suggest that Mr Styer arrange for Facilities Managers from service units not being reviewed to join the team during the reviews as observer participants. It has proven a worthwhile training experience for those who have participated in other Areas. If you have any questions or would like to discuss the review process with our staff, please contact Mr. Joe Blow at 031-898-XXXX.

John Q. Public, P.E.  
Assistant Surgeon General

Attachments

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**EXHIBIT 1-4-A**  
**PROGRAM REVIEW TRAVEL ITINERARY**

**OCTOBER 18**

Leave Dulles Airport, for Meridian, Mississippi, rent a car in Meridian. Drive from Meridian to Philadelphia, Mississippi

**OCTOBER 18, 19 & 20**

Philadelphia, Mississippi

**OCTOBER 21**

Atmore, Alabama  
Stay in Atmore, Alabama

**OCTOBER 22**

Fly from Mobile, Alabama to Nashville, TN  
Rent a Car  
Stay in Nashville, TN

**OCTOBER 23**

Nashville, TN  
Fly from Nashville, TN to Dulles in the afternoon

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**EXHIBIT 1-4-B**  
**ASSIGNMENT OF FIELD PEER REVIEWER**

TO: Area Facilities Engineer  
Phoenix Area

Through: Associate Area Director, OEHE \_\_\_\_\_

FROM: Director  
Division of Facilities Management

SUBJECT: Assignment to Program Review Team

This is to inform you that you have been selected to participate as a review team member during a facilities engineering program review scheduled for October 19 to 23 in the Nashville Area. Tom Carlisle, Headquarters OEHE/DFM/FEB, has been assigned as the review team coordinator. He has established the review schedule in consultation with the Nashville Area and will maintain appropriate contacts there. The Nashville Area will make all travel arrangements necessary for the site visits during the review week. You will not be authorized a rental car during this assignment as transportation during the week will be arranged by the Area office or Headquarters. The attached hotel information will assist you in obtaining reservations. We have tentatively reserved accommodations for you but you will have to contact the hotels individually to guarantee the reservations with your credit card information. If you want to make airline connections with us you may contact Mr. Carlisle so that we can meet you at Atlanta, GA or Philadelphia, MI at the airport. You will need to obtain travel orders, issued by your Area, for the sites listed on the attached schedule. After the review, please process your voucher through your Area finance office and submit an approved copy to the team coordinator so your Area can be reimbursed for your travel costs.

Please prepare yourself for this assignment by reviewing the Technical Handbook for Health Facilities, Volume VI, Part 72, Program Review, before reporting to the assignment site. If you have any questions regarding this review, please contact Mr. Carlisle at 301-443-1247. We appreciate your continued cooperation and value your professional assistance with this effort.

Jim Lonewolf, P.E.

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**EXHIBIT 1-4-C**  
**ASSIGNMENT OF TEAM COORDINATOR**

TO: Mr. Charlie Hello  
Phoenix Area

Thru: Associate Area Director, OEHE \_\_\_\_\_

FROM: Director  
Division of Facilities Management  
Headquarters OEHE

SUBJECT: Delegation of Authority  
Assignment as Review Team Coordinator

This is to inform you that you have been appointed as the Team Coordinator for a facilities engineering Area program review in the Alaska Area. You will need to contact Mr. John Whatshisname at the Area Facilities Engineer for finalization of a date. Headquarters has coordinated with the Alaska Area office the sites that will be reviewed. You will be visiting the PL 93-638 hospital in Barrow and the tribal owned and operated health center in Fairbanks. Assisting you as a peer reviewer in this assignment will be Mr. Adam Andeve from the Facilities Engineering Branch in Headquarters. He can be reached at 301- 443-XXXX. I ask that you contact Mr. Scully and Mr. Whatshisname to coordinate the assignment.

If you have any further questions regarding this assignment please contact the Chief, facilities Engineering Branch in Headquarters OEHE/DFM.

Alan IsaFool, P.E.

cc: DFM Reading File  
DFM/FEB File  
Smith (Phoenix)  
Whatshisname (Alaska)

**EXHIBIT 1-4-D**  
**REQUEST FOR PLAN OF ACTION**

TO: Associate Area Director  
Office of Environmental Health and Engineering  
Navajo Area

FROM: Director  
Division of Facilities Management

SUBJECT: Area Facilities Program Review

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Request for Plan of Action

Attached is the final report containing findings and recommendations for the Area facilities engineering program review conducted during April 26- 30, XXXX. We would like to express our appreciation to you and your staff for the time and assistance offered during the review.

The objective of the program review was to determine how effectively the facilities engineering program is being accomplished in your Area. The review team, consisting of facilities management professionals, has identified deficiencies which if corrected could assist your Area Facilities Engineer in conducting a more effective program.

I support the team's recommendations and encourage their implementation. Your office is requested to develop a plan of action for each of the recommendations indicating milestones for accomplishing each of them. It is up to your office to determine the time frame for accomplishing the entire plan of action. However, we expect that all recommendations will complete by the time we schedule your Area for another review in three years. We ask that you provide the plan to this office within 45 days of your receipt of this memorandum. According to program review procedures, the Facilities Engineering Branch in Headquarters will schedule another visit to your Area approximately 12 months after receipt of your plan of action. The purpose of the visit will be to review the progress in the plan of action accomplishments and assist in any manner you deem appropriate.

Mr. Sintes from our office is available for technical assistance and training as may be necessary. I trust this will assist you in the enhancement of your Area Facilities Engineering Program. If you have any questions, please call me at (301) 443-XXXX.

Alan Isafool, P.E.

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**CHAPTER 2 - ADVANCE PREPARATION**

**2-1 SCOPE**

Advance preparation is required for collecting appropriate information about the facility and the facilities engineering program elements. This allows the review team to more accurately determine the scope of the on-site review at each Area and service unit. Normally, preparation will be completed 30 days prior to the beginning of the review. The success of the review efforts will depend strongly on the amount of advance preparation. With proper advance preparation, most reviews should be conducted by the team in 50 staff hours, with on-site efforts accounting for 40 hours of the total.

**2-2 TRAVEL ACCOMMODATIONS**

The Area Office staff will make travel arrangements at least 30 workdays in advance of the review. The Area Facilities Engineer will contact service units being reviewed to confirm the arrival time, accommodations, purpose of visit, and length of stay. The use of office space, secretarial support, parking, and transportation should also be arranged.

**2-3 SUBMISSION OF DOCUMENTS TO HEADQUARTERS**

The following documents will be submitted to Headquarters, Chief, DFM/FEB, 20 workdays prior to the site visit. Facilities Managers should be appraised by the Area Facilities Engineer of the records and documentation that needs to be assembled prior to the site visit and made available upon arrival.

**A. AREA OFFICE**

- (1) Completed copies of appendices A1 thru A7 from this document.
- (2) Area office organizational chart.
- (3) Area OEHE organizational chart.
- (4) Area facilities engineering organizational chart.
- (5) Area facilities procedures index.
- (6) Area facilities filing index.
- (7) Listing of Area facilities engineering technical library.
- (8) Listing of facilities engineering training courses conducted or coordinated by the Area Facilities Engineer for the Area staff the three complete previous fiscal years.

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- (9) Listing of real property and non-clinical personal property service contracts managed by the Area facilities engineering office.

**B. SERVICE UNIT**

- (1) Completed copies of appendices C1 thru C15, and C17.
- (2) The most recent JCAHO, Environment of Care (EC) survey recommendations for the sites that will be visited during the review. Highlight the recommendations directly related to the facilities engineering program only.
- (3) Service unit organizational charts.
- (4) Service unit facilities engineering organizational charts.
- (5) Service unit facilities procedures index.
- (6) Service unit facilities filing index.
- (7) Listing of service unit facilities engineering technical library.
- (8) Listing of facilities engineering training courses conducted or coordinated by the Area Facilities Engineer for the Facilities Manager or service unit facilities engineering staff the three complete previous fiscal years.
- (9) Listing of facilities engineering training courses conducted or coordinated by the Facilities Manager for the service unit facilities staff the three previous fiscal years.
- (10) Listing of real property and non-clinical personal property service contracts managed by the Facilities Manager.

The appendices should be completed by the appropriate Facilities Managers so that they may become familiar with the criteria that will be used during the site survey. These documents will allow the reviewer(s) to assess the extent of the service unit programs and adequately prepare for the program review at the site.

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**CHAPTER 3 - INITIATING THE SITE REVIEW**

**3-1 SCOPE**

The on-site portion of the review process serves several purposes. It provides an opportunity to review the facilities engineering program elements and for Headquarters to interface with the local facilities engineering staff. The review will consist of an evaluation of the Area program implementation. The magnitude of compliance is then measured by an assessment of the implementation of the Area objectives through a measure of the service unit compliance.

**3-2 AREA REVIEW**

A. Initial Reporting and Briefing

- (1) Area Director - The initial contact at the Area Office will be with the Area Director or designee. It is expected that the Associate Area Director OEHE and the Area Facilities Engineer will be requested to be present at the Area Director's office at this time. At times the Area Office visit may not occur at the beginning of the review. The initial contact will be determined by the geographic location of the Area office and the service unit locations. The meeting serves as an introduction of Area and Headquarters personnel. It will also serve to conduct a brief discussion to finalize the previously approved locations, to make any last minute changes, and to discuss any unique requirements of the Area Director. The date and time of the exit interview will be determined at this meeting.
- (2) Associate Area Director, OEHE and Area Facilities Engineer - A meeting will be held in the Facilities office following the Area Office Director's briefing. The appendices forwarded to Headquarters by the Area will be discussed in detail. Questions regarding the information should be clarified at this time. Assignment of team members and Area staff to the different program elements will be made at this meeting.

- B. Conducting the Review - The review will be conducted in the Area Facilities office. The Area Facilities Engineer will coordinate the program review personally or assign facilities office staff to work with team members in the different program elements. Appendices A1-A7 previously submitted by the Area office will be verified. Random review of the information stated on the appendices will be used to evaluate the operation of the Area program. Documentation of actions in the program will be reviewed. The Area office review generally takes about 4-6 hours.

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C. Exit Interview

An exit interview will be conducted by the team coordinator with the Area Director or designee, the Associate Area Director, OEHE, Area Facilities Engineer, and any other staff the Area Director may want to have present. Generally this exit interview takes place on the Friday morning after the initial arrival at the Area and after the review team has visited the service units. An overview report of the positive observations, deficiencies, recommendations, and overall program will be discussed.

### 3-3 SERVICE UNIT REVIEW

A. Initial Reporting and Briefing

Service Unit Director - The initial contact at the service unit will be with the Service Unit Director or designee. It is expected that the Facilities Manager will be requested to be present at the Service Unit Director's office at this time. A brief discussion will be held regarding the purpose of the visit; expected length of stay; and any support (clerical, space, transportation) that may be needed. The meeting serves as an introduction of service unit and headquarters personnel. It will also serve to conduct a brief discussion about the review, to make any last minute changes, and to discuss any unique requirements of the Service Unit Director. The names of the department heads that will be interviewed for the quality assurance assessment of the facilities department will be determined by the service unit director at this time. The date and time of the exit interview will also be determined at this meeting. Any need by the review team to be at the facility at other than regular administrative duty hours will be discussed and approved beforehand.

B. Tour of the Facility - The Facilities Manager will conduct a brief tour (about an hour) of the facility with the review team immediately after the entrance interview. This tour is for the sole purpose of acquainting the team reviewer(s) with the site. No program officials are required to accompany the tour. This will familiarize the team with the physical layout and aid in developing a "feel" for the facility. Additional in-depth tours may be scheduled as the review progresses (See Appendix B).

C. Conducting the Review - The review should be conducted preferably in the facilities management office or in a conference room if the necessary documentation is assembled there. The Facilities Manager must be present during the program review to work with the team reviewer in the different program elements. Failure to have the Facilities Manager present will require canceling the review at that particular service unit. Appendices C1-C15 and C17 previously submitted by the Area office will be reviewed. Random review of the information stated on the appendices will be used to evaluate the operation of the service unit program.

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Documentation of actions in the program will be reviewed. The service unit review generally should take about 8-12 hours.

- D. Service Unit Interviews - Each Facilities Manager will arrange meetings with the following service unit staff officials.

- Clinical Director
- Director of Dietetics Service
- Director of Nursing Service
- Director of Outpatient Service
- Others (As recommended by the Service Unit Director)

The meetings should be scheduled to last about 30 minutes each with 30 minutes in between each one and be accomplished the afternoon of the first day of the visit. The Facilities Manager or Area Facilities staff should not be present at these quality assurance assessment interviews to guarantee confidentiality in the assessment comments.

- E. Exit Interview - An exit interview will be conducted by the review team with the Service Unit Director, Area Facilities Engineer, Facilities Manager and any staff the Service Unit Director may want to have present. The exit interview takes place at the end of the review. A general overview report of the positive observations, deficiencies, recommendations, and overall program will be discussed.

### 3-4 PROGRAM REVIEW ELEMENTS

The facilities engineering program has been divided into program elements in order to structure an organized approach to the review. Some elements are unique to the Area and some are unique to the service unit. Some elements are common to both but the level of involvement varies from the Area to the service unit. The following elements will comprise the scope of the review visit at each location. Detailed criteria used to measure the performance of program elements is found in the appendices.

A. AREA OFFICE

- Administration - Includes office management, files and reports, policies and procedures, training, OES support to the Area Office, automation, facilities engineering program plan, FEDS data bank, and technical library.
- Financial Management - Includes budgeting, accounting, allocation of funds, utilization of funds and procurement.
- Energy Management - Includes energy goals and objectives, projects, energy audits, energy reduction contingency plans, consumption analysis, policies, and

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historical data.

- Environmental Management - Includes Area responsibilities for solid, hazardous and infectious waste disposal, underground storage tanks, exhaust emissions and EPA, state and local environmental compliance by the service units.
- Construction Management - Includes review of projects (other than new construction), files, drawings and specifications, contract administration, project management, and coordination between OES, the Area office and the service units.
- Management Control - Includes compliance with the Federal Managers Integrity Act (FMIA) and a quality assurance review of program elements for efficiency, and effectiveness at the Area and service unit level.
- Area Profile - Includes background information on the technical and administrative experience of the Area Facilities Engineer, Area facilities staff, jurisdictional elements, and tribal installations under the jurisdiction of the Area.

B. SERVICE UNIT

- Tour of the Facility - Includes an exterior and interior walk through to include the boiler plant, roof, mechanical rooms, penthouses, patient wards, surgery, pharmacy, radiology, outpatient, administrative areas, and grounds.
- Site Aesthetic Evaluation - Includes an evaluation of the first impression of a stranger who visits the facility relative to its aesthetic appeal.
- Administration - Includes office management, files, reports, policies and procedures, training, OES support, equipment replacement, automation, facilities engineering program plan, Deep Look Surveys, FEDS data bank, and technical library.
- Financial Management - Includes budgeting, accounting, allocation of funds, utilization of funds, and procurement
- Energy Management - Includes energy goals and objectives, energy audits, and energy reduction contingency plans, consumption analysis, policies, historical data, and energy projects.
- Environmental Management - Includes solid, hazardous and infectious waste disposal, underground storage tanks, exhaust emissions, and EPA, state and local environmental compliance by the installation.

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- Construction Management - Includes review of projects (other than new construction), files, drawings and specifications, contract administration, project management, and coordination between ES, the Area office, and the service units.
- Preventive Maintenance - Includes program implementation, documentation, technical data, schedules, procedures, and accomplishments.
- Work Management - Includes issuance and tracking of work orders, inventory control, work assignments, prioritization, work planning, inventory control, tools, and test equipment.
- Service Contracts - Includes a review of specifications and scopes of work for real property and non-clinical equipment service contracts at the installation.
- Equipment Management - Includes documentation of non-clinical equipment testing procedures, testing intervals, inventories, inspections, calibration, and reporting and correction of device malfunctions.
- Utilities Management - Includes plant operation, electrical distribution, elevators, grounds maintenance, equipment inventories, failure response plans, operational plans, and reference documents.
- Grounds Management - Includes drainage, insect and rodent control, weed and brush control, roads, walks and pavements, and irrigation systems.
- Occupational Health - Includes industrial hygiene, asbestos, ethylene oxide, material safety data sheets, employee right-to-know, infectious control and OSHA compliance, disaster preparedness, personal protective equipment, and hazard alerts or recalls.
- Handicapped Accessibility - Includes an evaluation of the corrective action plan for handicapped deficiencies at the service unit.
- Management Control - Includes an evaluation of the internal control program conducted by the Facilities Manager regarding his/her program elements.
- Area Office Support to the Service Unit - Includes an evaluation of the support by the Area facilities office to the service unit through the Facilities Manager.
- Facilities Support to other Departments - Includes an evaluation of the effectiveness of the facilities program from the perspective of other department heads served by facilities engineering personnel.

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- Service Unit Profile - Includes background information on the technical and administrative experience of the Facilities Manager, and service unit facilities staff.

### 3-5 DOCUMENTS TO BE REVIEWED AT SITE

Documents that will be examined during the review are outlined below. The extent of the documentation will be for the period of three complete fiscal years prior to the review. Tribal installations should use the equivalent documentation if they are being reviewed. Documentation will consist of the entire spectrum used to document the facilities program elements.

- A. Requisitions (HHS 393) - These are the requisitions used by the Area office or service unit to procure equipment, supplies, materials and services. Requisitions for the funds to be reviewed include:
- (1) Facilities Support - Non-clinical personal property (materials, supplies, rentals, and service contracts); utilities, operational supplies (salt, de-icer, office supplies, personal protective equipment, service contracts, etc.).
  - (2) Maintenance and Improvements - Real property equipment and structures (materials, supplies, tools, rentals and service contracts etc.).
- B. Preventive Maintenance - Documentation for the program to include;
- Form HSA-T-50, Building Record
  - Form HSA-427, Preventive Maintenance Guide and Checklist
  - Form HSA-431, Equipment Card
  - Form PM-1, Preventive Maintenance Tasks
- C. Work Orders (HSA 272) - These are the work requests used to track and document all work performed by facilities employees whether the work is facilities related or not.
- D. Facilities Engineering Procedures - This is the documentation that establishes the guidelines and policies used to manage the facilities program as directed by the Area or service unit.
- E. Facilities Engineering Program Plan (FEPP) - This is the annual workload plan submitted to the Area facilities office.
- F. Training Assessments - This is the plan that identifies the training requirements of each facilities employee.

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- G. Five Year Equipment Replacement Plan - This is the documentation of the analysis to plan the real property and non-clinical personal property equipment replacements.
- H. Manpower Staffing Analysis - This is the documentation of an analysis of the requirements for staffing at the Area facilities office and the service unit.
- I. Service Contracts - These are the service contracts managed by the Area facilities office or the service unit.
- J. Facilities Engineering Deficiency System (FEDS) - This is the documentation of the FEDS data bank, and deep look survey schedule maintained at the Area facilities office.
- K. Handicapped Assessment - This is the documentation of the assessment survey that is conducted for each building at each installation in the service unit.
- L. Energy Conservation Program - These are the documents that establish the energy conservation program for the Area and each service unit. They consist of a written policy that establishes the program, an outline of the measures that are being implemented in the installations to reduce energy usage, a listing of projects to reduce energy usage, energy audits conducted to identify reductions, and a comparative analysis of energy usage consumption. The overall documentation should encompass all the actions that are required to achieve the energy target required by Public Law.
- M. Environmental Assessments - This is the documentation that establishes the data base for compliance with all environmental laws and regulations. It should include an assessment of the entire installation that will document compliance and the measures to correct deficiencies. In addition, it must include documentation of actions that are being accomplished to continue monitoring locations, that, although they may have been found to be currently within acceptable levels, must be monitored to continue to document the safety of patients, employees, and the general public.
- N. Equipment Testing and Inspections - This is the documentation of all the tests and inspections required by codes. This is not preventive maintenance, although some of them may be accomplished simultaneously with preventive maintenance. These tests and inspections are mandatory. Among them are: boiler inspections, test of boiler controls, elevator load tests, elevator inspections, sprinkler tests, fire alarm tests, tests of utilities shut offs, tests of stack emissions, etc.
- O. Utilities Management Program - This is the documentation that establishes the utilities management program to comply with accreditation requirements. It includes for all utilities, a maintenance inventory, operational plans, reference documents, and contingency plans as required by JCAHO PTSM Standards PL 4.

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- P. Technical Library - This consists of the minimum references and bibliography that should be found at each Area and service unit facilities office.
- Q. Project Management - This consists of the documentation that is kept for construction projects. These are the project files for Area or service unit projects.
- R. Management Control - These are the records used to document the management control program. They include the policy that establishes the program, segmentation studies, reports and follow- up actions on deficiencies revealed through the assessments.

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**CHAPTER 4 - REPORT**

**4-1 FORMAT**

After the site visit a written report of the positive findings, deficiencies and recommendations to correct the deficiencies observed during the review will be completed. The report will follow the following format.

- A. Purpose - This is a brief statement as to the purpose of the review.
- B. Introduction - This is a brief statement to identify participants, date of review, and identification of the service units that were visited.
- C. Criteria - This is a brief statement to identify the criteria that were used to conduct the review.
- D. Area Profile - This is a profile that identifies the name, experience, and technical schooling of the Area facilities Engineer.
- E. Area Findings and Recommendations - These are statements that identify each program element weakness found during the review. Each statement is followed by a recommendation on how each could be corrected or improved.
- F.           Name           Service Unit #1 Profile - This is a profile that identifies the name, experience and technical schooling of the service unit Facilities Manager.
- G.           Name           Service Unit #1 Findings and Recommendations - These are statements that identify each program element weakness found during the review followed by a recommendation on how each can be corrected.
- H.           Name           Service Unit #2 Profile - Same as above.
- I.           Name           Service Unit #2 Findings and Recommendations - Same as above.
- J. Conclusions - This serves as a closing statement for the overall program evaluation of the Area.

**4-2 WRITING THE REPORT**

The report will be completed by the Team Coordinator within ten (10) workdays after the review team leaves the site. Reports will generally follow the principle of reporting by exception. Working papers and supporting documentation will not be forwarded with the

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report. They will be retained at Headquarters until actions have been completed on the report recommendations.

#### **4-3 REPORT REVIEW BY TEAM MEMBERS**

The Team Coordinator will be responsible for routing the initial draft report to the other team members for concurrence prior to the submission to Headquarters. This serves to ensure that the other team members concur with the report recommendations and/or have an opportunity to submit any further comments that need to be added. This procedure will be followed even if the program elements were assigned or divided among the team members. Some team members may not have participated in the review of some of the elements or the report may have been prepared in separate parts assigned to various team members. The purpose is to ensure that the overall report is reviewed and concurred in by all members of the team. The report will then reflect the professional opinion of all the peer reviewers not just the team coordinator.

#### **4-4 REVIEW BY HEADQUARTERS**

The next step will require that the report be submitted for final disposition by Headquarters OEHE/DFM. The final team report is to be forwarded to the Chief, Facilities Engineering Branch in Headquarters.

#### **4-5 REQUEST FOR A PLAN OF ACTION**

A. After the final report is concurred in by the Director OEHE/DFM it is forwarded to the Director of the Area that was reviewed. The report is prepared with a cover letter over the signature of the Associate Director, OEHE Headquarters. At this time a request is made to the Area Director to submit a written plan of action for each one of the recommendations cited on the report. The following format is to be followed for each recommendation.

- (1) Recommendation No. 1 - List individually each recommendation exactly as it appears in the report from Headquarters. Do not submit a copy of the Headquarters report.
- (2) Corrective Action - Briefly state how the Area is going to correct the recommendation cited on the report. These are actions that can be accomplished by establishing new policies, implementing procedures, training, and/or initiating service contracts.
- (3) Responsible Official - State the name and title of the employee who will be responsible for implementing and completing the corrective action.
- (4) Completion Date - State the date the corrective action(s)

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will be completed, thus eliminating the deficiency.

- (5) Follow Up Date - State the date the Area Engineer will follow up on the implementation. This should be approximately six months after implementation or one complete cycle after the program action has transpired.
- B. The recommendations that require action by the Area Facilities office should be listed separately from the service unit recommendations. However, the Area Facilities office is still responsible for tracking, reporting, and follow up of implementation of the service unit recommendations.

#### **4-6 FOLLOW UP ACTIONS**

The status of review recommendations will be subsequently reported by the Area Facilities Engineer after the plan of action through the annual Facilities Engineering Program Plan Phase II. The purpose of this subsequent reporting is to create a tracking mechanism for the Area Facilities Engineering office to follow up on the program review recommendations. This will ensure actions are completed and incorporated throughout the entire Area before the next scheduled Headquarters program review.

- A. For each of the recommendations listed in the most recent program review report, describe the current status of each individual recommendation since the plan of action was submitted to Headquarters OEHE/DFM.

Provide the following information for each recommendation:

- (1) Recommendation - List individually each recommendation exactly as it appeared on the original report from Headquarters. Do not submit a copy of the Headquarters report.
  - (2) Status of Recommendation - Briefly state the action that has transpired on each of the recommendations since it was received by the Area office. This should be an update of the plan of action that was submitted to Headquarters.
- B. Continue to report on each individual recommendation until the action has been implemented and reported as complete in the FEPP. Each individual recommendation can then be removed from the following year's FEPP as each one is completed.

#### **4-7 RATING CRITERIA**

Each individual section in an appendix will be rated by each review team member when they complete the survey. The final report will reflect these ratings. This will allow the Area Facilities Engineer to obtain a better analysis of the review deficiencies. The following

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ratings will be used to designate the evaluation of the various categories. The ratings are being given at the program element activity level. This is one level below the program element. In this manner the raters can more accurately depict assessments. This will assist the Area Facilities Engineer and the Facilities Manager in determining where they need to concentrate corrective measures.

**CATEGORY RATINGS**

- A. **NEEDS IMPROVEMENT (NI)** - Consistency of deficiencies denotes need for urgent attention to bring the program element activity within acceptable limits. Failure to correct may affect accreditation, create a labor relations problem, or create a material weakness in the management control program.
- B. **GOOD (G)** - The program element activity may have some weaknesses, but overall it is being handled in an acceptable manner. The program element activity is accomplishing the mission.
- C. **EXCELLENT (E)** - The program element activity is being managed in an outstanding manner. Review of the activity has revealed techniques that should be implemented nationwide by the agency.

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**APPENDIX A1**

**AREA OFFICE ADMINISTRATION**

**A. PERSONNEL MANAGEMENT**

REVIEW TEAM RATING \_\_\_\_\_

- (1) Is any job description or billet in the Area facilities engineering office dated more than 5 years ago? (YES/NO) \_\_\_\_\_
- (2) What is the percentage of personnel turnover in the Area facilities engineering staff in the past three complete fiscal years? \_\_\_\_\_
- (3) Are minutes kept of staff meetings held between the facilities office employees and the Area Facilities Engineer? (YES/NO) \_\_\_\_\_
- (4) Do Area organizational charts reflect the current organization of the Area Facilities office? (YES/NO) \_\_\_\_\_
- (5) Is the ratio of supervisors to employees in the Area facilities office greater than 7:1? (YES OR NO) \_\_\_\_\_
- (6) Is a documented staffing utilization review of the Area facilities staff conducted at least every 3 years? (YES/NO) \_\_\_\_\_
- (7) What training has been provided to the Area facilities engineering staff employees the past 3 complete fiscal years? What were the course titles and what was the duration of each?

Course Title

Hours


**B. OFFICE MANAGEMENT**

REVIEW TEAM RATING \_\_\_\_\_

- (1) Is there a structured written program of procedures to define the facilities engineering program? (YES/NO) \_\_\_\_\_

(Check the procedures below that you have in your organization)

Administration

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\_\_\_\_\_ Administrative Issues  
\_\_\_\_\_ Mission Statement  
\_\_\_\_\_ Goals and Objectives  
\_\_\_\_\_ Delegation of Authority  
\_\_\_\_\_ Employee Staff Meetings  
\_\_\_\_\_ Accountability of Government Property  
\_\_\_\_\_ Preventive Maintenance Program  
\_\_\_\_\_ Facilities Workload Staffing  
\_\_\_\_\_ Facilities Budget and Accounting Guidelines  
\_\_\_\_\_ Facilities Office Records Disposal  
\_\_\_\_\_ Management of Maintenance Service Contracts  
\_\_\_\_\_ Facilities File Index  
\_\_\_\_\_ List of Facilities Emergency Telephones  
\_\_\_\_\_ Employee Response to Emergencies  
\_\_\_\_\_ Technical Library  
\_\_\_\_\_ Facilities Engineering Program Plan (FEPP)  
\_\_\_\_\_ Area Facilities Program Reviews  
\_\_\_\_\_ Service Unit Facility Engineering Reviews  
\_\_\_\_\_ Deep Look Surveys  
\_\_\_\_\_ Management Controls  
\_\_\_\_\_ Employee Training  
\_\_\_\_\_ Employee Performance Evaluation  
\_\_\_\_\_ New Employee Orientation  
\_\_\_\_\_ Automated Engineering Management System  
\_\_\_\_\_ Authority Having Jurisdiction  
\_\_\_\_\_ Standard Service Contract Clauses for PL 93-638  
\_\_\_\_\_ Area Facilities Board  
\_\_\_\_\_ Construction Project Files  
\_\_\_\_\_ Final Inspection of Projects  
\_\_\_\_\_ Estimating  
\_\_\_\_\_ Review of Construction Drawings

Equipment Management

\_\_\_\_\_ Equipment Management Program  
\_\_\_\_\_ Equipment Inventory Criteria  
\_\_\_\_\_ Equipment Inventory Listing  
\_\_\_\_\_ Reporting of Equipment Failures

Utilities Management

\_\_\_\_\_ Utilities Management Program  
\_\_\_\_\_ Utility Equipment Inventory Criteria  
\_\_\_\_\_ Utility Operational Plan  
\_\_\_\_\_ Utility Reference Documents  
\_\_\_\_\_ Utility Equipment Inventory Listing  
\_\_\_\_\_ Scheduled Utility Shutdowns  
\_\_\_\_\_ Reporting of Utility Failures  
\_\_\_\_\_ Utility Emergency Shutoffs

Grounds Management

\_\_\_\_\_ Removal of Snow and Ice

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\_\_\_\_\_ Landscape Maintenance

Energy Management

\_\_\_\_\_ Energy Conservation Program  
\_\_\_\_\_ Utility Consumption Analysis  
\_\_\_\_\_ Energy Conservation Awareness Program  
\_\_\_\_\_ Utility Reduction Plan  
\_\_\_\_\_ Justification of Energy Projects

Safety Management

\_\_\_\_\_ Employee Safety and Occupational Health Program  
\_\_\_\_\_ Employee Protective Equipment  
\_\_\_\_\_ Equipment Hazard Alerts or Recalls  
\_\_\_\_\_ Infection Control Program for Facilities Employees  
\_\_\_\_\_ Facilities Respiratory Program  
\_\_\_\_\_ Facilities Disaster Preparedness Response  
\_\_\_\_\_ Electrical Safety  
\_\_\_\_\_ Tag Out/Lock Out of Equipment  
\_\_\_\_\_ Facilities Hearing Conservation  
\_\_\_\_\_ Life Safety Evaluation of Facilities to be Leased  
\_\_\_\_\_ Facilities Material Safety Data Sheets  
\_\_\_\_\_ Documentation of Fire Separation Locations  
\_\_\_\_\_ Facilities Fire Response  
\_\_\_\_\_ Facilities Isolation Room Precautions  
\_\_\_\_\_ Replacement of Doors  
\_\_\_\_\_ Facilities Employee Right-to-Know  
\_\_\_\_\_ Use of Compressed Air

Environmental Management

\_\_\_\_\_ Environmental Compliance  
\_\_\_\_\_ Waste Management Program  
\_\_\_\_\_ Facilities Hazardous Waste Management  
\_\_\_\_\_ Hazardous Material Inventory  
\_\_\_\_\_ Facilities Hazardous Waste Spills Response  
\_\_\_\_\_ Emissions Environmental Compliance  
\_\_\_\_\_ Facilities Asbestos Management  
\_\_\_\_\_ Management of Underground Storage Tanks

(2) Is there a written records control disposal policy? (YES/NO) \_\_\_\_\_

(3) Is there a written facilities engineering file index? (YES/NO) \_\_\_\_\_

(4) Is there a written management briefing submitted to the Associate Area Director OEHE at least annually? (YES/NO) \_\_\_\_\_

(5) Is there an adequate facilities engineering technical library in the office? (YES/NO) \_\_\_\_\_

**(Check the references below that you have in your library)**

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\_\_\_\_\_ Indian Health Manual  
\_\_\_\_\_ IHS Technical Handbook for Health Facilities,  
Volume VI, Facilities Engineering  
\_\_\_\_\_ American With Disabilities Act Guidelines  
\_\_\_\_\_ Occupational Safety and Health Act, 29 CFR 1910  
\_\_\_\_\_ AIA Guidelines for Construction and Equipment of  
Hospitals and Medical Facilities  
\_\_\_\_\_ National Plumbing Code  
\_\_\_\_\_ Plant Operation Standards  
\_\_\_\_\_ NFPA-99/Healthcare Facilities  
\_\_\_\_\_ NFPA-101/Life Safety Code  
\_\_\_\_\_ NFPA-70/National Electrical Code  
\_\_\_\_\_ NFPA-70B/Electrical Equipment Maintenance  
\_\_\_\_\_ NFPA-70E/Electrical Safety Requirements for  
Employee Workplaces  
\_\_\_\_\_ NFPA-13A/Inspection, Testing and Maintenance of  
Sprinkler Systems  
\_\_\_\_\_ JCAHO - Hospital Survey Profile  
\_\_\_\_\_ JCAHO - PTSM Standards PL 1, 2, 3, and 4  
\_\_\_\_\_ JCAHO - PTSM KIPS Survey Guide  
\_\_\_\_\_ Inspection Code for Boilers, ANSI/NB-23  
\_\_\_\_\_ Elevator Codes ANSI 17.1  
\_\_\_\_\_ Guidelines for Protecting the Safety and Health of  
Healthcare Workers

**C. AUTOMATION**

**REVIEW TEAM RATING** \_\_\_\_\_

- (1) Is there a complete automated data management  
system for the facilities office? (YES/NO) \_\_\_\_\_
- (2) Does it track projects? (YES/NO) \_\_\_\_\_
- (3) Does it track FEDS? (YES/NO) \_\_\_\_\_
- (4) Does it track financial data? (YES/NO) \_\_\_\_\_
- (5) What is the frequency of updating the data?  
(DAILY - WEEKLY - MONTHLY, etc.) \_\_\_\_\_
- (6) Is the information easily available to the  
staff when they need it? (YES/NO) \_\_\_\_\_

**D. TRAINING**

**REVIEW TEAM RATING** \_\_\_\_\_

- (1) Is a training plan developed for each Area  
facilities employee within 90 days after  
reporting on duty? (YES/NO) \_\_\_\_\_
- (2) Is a training plan developed for each new  
Facilities Manager within 90 days of being  
appointed in the Area? (YES/NO) \_\_\_\_\_

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- (3) Does the Area office have an established credentialing program for facilities engineering employees? (YES/NO) \_\_\_\_\_
- (4) How much training has the Area office coordinated or conducted for the Area staff in the past 3 fiscal years?

Course Title	Hours
_____	_____
_____	_____
_____	_____
_____	_____

- (5) How much training has the Area office coordinated for the Facilities Managers in the Area for the past 3 fiscal years?

Course Title	Hours
_____	_____
_____	_____
_____	_____
_____	_____

**E. SERVICE CONTRACTS**

**REVIEW TEAM RATING** \_\_\_\_\_

- (1) Has the Area office consolidated any service contracts for the service units into one Area contract to more efficiently manage the funding? (YES/NO) \_\_\_\_\_
- (2) If no, has an economic analysis been documented to justify lack of consolidation? (YES/NO) \_\_\_\_\_
- (3) Has the Area eliminated any service contracts at the service units in the past as a result of training and/or purchase of equipment that was precluding the service unit from eliminating the service contract? (YES/NO) \_\_\_\_\_
- (4) Has the Area office developed a master contract boiler plate specification for service contracts that is used by the service units in their maintenance contracts? (YES/NO) \_\_\_\_\_

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**APPENDIX A2**

**AREA OFFICE FINANCIAL MANAGEMENT**

REVIEW TEAM RATING \_\_\_\_\_

- |   |       |
|---|-------|
| (1) Are the funds currently provided sufficient to meet the needs of the Area? (YES/NO)   | _____ |
| (2) Is there a written Area facilities policy on accounting for utilization of funds for the Facilities Managers to interpret funding uses? (YES/NO)          | _____ |
| (3) Does the commitment register for the funds obligated at the Area level account for expenditures by each appropriation sub-activity individually? (YES/NO) | _____ |
| (4) Are expenditures accounted for by cost centers in each sub-activity? (YES/NO)   | _____ |
| (5) How often is the commitment register reconciled with the financial report from Finance? (DAILY/WEEKLY/MONTHLY)  | _____ |
| (6) Has funding from one Indian Health Facilities appropriation sub-activity been used for another sub-activity in the same appropriation? (YES/NO)           | _____ |

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**APPENDIX A3**

**AREA ENERGY MANAGEMENT**

	REVIEW TEAM RATING
(1) Is there a written Area energy conservation policy that outlines an energy conservation program for the Area? (YES/NO)	_____
(2) Have the Area energy conservation goals been met during the past 3 fiscal years? (YES/NO)	_____
(3) How much energy reduction has been accomplished by the Area as compared to the 1985 baseline?	_____ %
(4) Is there a documented list of proposed projects to reduce energy consumption that will meet the targeted reduction for the Area? (YES/NO)	_____
(5) Are energy conservation projects analyzed on a projected annual energy savings basis and payback of less than 5 years? (YES/NO)	_____
(6) Is there a documented energy reduction goal set for each individual service unit to accomplish the Area reduction? (YES/NO)	_____
(7) Is there an Area Employee Awareness Program that solicits staff cooperation at all levels to minimize energy consumption? (YES/NO)	_____
(8) Is there a program to share energy conservation measures from the Area office to service units or within service units? (YES/NO)	_____
(9) Have service units had energy audits conducted in the past 10 years to develop energy conservation measures for a plan of action to reduce energy consumption? (YES/NO)	_____
(10) Does the Area office coordinate, review and monitor all energy consumption activities? (YES/NO)	_____
(11) Is a record maintained that shows the energy consumption (by utility) for each installation by fiscal year since 1985? (YES/NO)	_____

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**APPENDIX A4**

**AREA OFFICE ENVIRONMENTAL MANAGEMENT**

**REVIEW TEAM RATING** \_\_\_\_\_

- (1) Is there a written policy for an Area facilities environmental compliance program that defines the program requirements? (YES/NO) \_\_\_\_\_
- (2) Has the Area conducted environmental assessments for all the service units in the past 10 years? (YES/NO) \_\_\_\_\_
- (3) Has the Area requested any subsequent follow up reports to ensure compliance? (YES/NO) \_\_\_\_\_
- (4) Does the Area require annual reporting of boiler emissions compliance with all applicable air pollution abatement regulations? (YES/NO) \_\_\_\_\_
- (5) Does the Area require annual reporting of incinerator emissions compliance with all applicable air pollution abatement regulations? (YES/NO) \_\_\_\_\_
- (6) Is all solid waste in the Area disposed of in an EPA, State, or tribally certified landfill equal to State or EPA standards? (YES/NO) \_\_\_\_\_
- (7) Has the Area established a written noise abatement program department? (YES/NO) \_\_\_\_\_
- (8) Has the Area established an asbestos management program in compliance with OSHA standards? (YES/NO) \_\_\_\_\_
- (9) Are asbestos locations identified by site drawings or a listing and a drawing and signage in accordance with OSHA 29 CFR 1910? (YES/NO) \_\_\_\_\_
- (10) Does the Area maintain an inventory of underground storage tanks in the service units? (YES/NO) \_\_\_\_\_
- (11) Do all underground tanks installed in the Area comply with EPA or State regulations? (YES/NO) \_\_\_\_\_

**APPENDIX A5**

**AREA OFFICE CONSTRUCTION MANAGEMENT**

**REVIEW TEAM RATING** \_\_\_\_\_

- (1) Have public law projects been accomplished during the past three fiscal years in a proportional share equal to their respective percentage of distribution in the FEDS? (YES/NO) \_\_\_\_\_

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- (2) Is there documentation that program improvements projects are being limited to 5% of the M&I allocation during the past three fiscal years? (YES/NO) \_\_\_\_\_
- (3) What is the unobligated carryover balance of M&I funds as of October 1 for each of the past three fiscal years?  
\_\_\_\_\_
- (4) Have all installations in your Area had a Deep Look Survey completed within in the past 5 years? (YES/NO) \_\_\_\_\_
- (5) Is the OES project management support adequate to meet the needs of the Area? (YES/NO) \_\_\_\_\_
- (6) Has the Director OES been informed in writing of any deficiencies or recommendations about their services to your Area? (YES/NO) \_\_\_\_\_
- (7) When was the last time ES management contacted the Area for input and/or quality assurance on their support to your Area? (DATE) \_\_\_\_\_
- (8) Does OES request input on A/E performance after projects are completed? (YES/NO) \_\_\_\_\_
- (9) Is the Area given adequate time by ES to review drawings and specifications? (YES/NO) \_\_\_\_\_
- (10) Are review comments by your office to OES accepted or is justification given for denial? (YES/NO) \_\_\_\_\_
- (11) What percentage of change orders for projects in the Area, the past 3 fiscal year were issued based on:
- a. Errors in drawings and specifications \_\_\_\_\_
- b. Changes in scope, design or locations \_\_\_\_\_
- c. Unforeseen physical conditions \_\_\_\_\_

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**APPENDIX A6**

**AREA OFFICE MANAGEMENT CONTROL**

REVIEW TEAM RATING \_\_\_\_\_

- |     |  |       |
|-----|--|-------|
| (1) | Does the Area have a written procedure for an internal management control program? (YES/NO)  | _____ |
| (2) | Does the procedure outline a schedule of topics and frequency for conducting them? (YES/NO)  | _____ |
| (3) | Does each topic have pre-determined written criteria used for its review? (YES/NO)   | _____ |
| (4) | Was the written criteria approved by the Associate Area Director OEHE? (YES/NO)  | _____ |
| (5) | Are internal controls conducted on the following topics at least annually? (YES/NO)  |       |
|     | Construction   | _____ |
|     | Utilization of funds   | _____ |
|     | Energy Consumption   | _____ |
|     | Training   | _____ |
| (6) | Are management control surveys documented in writing and approved by the Associate Area Director OEHE? (YES/NO)  | _____ |
| (7) | Is documentation used in management control surveys kept separately as a distinct file by topic to enable a reviewer to have access to the complete analysis? (YES/NO) | _____ |

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**APPENDIX A7**

**AREA FACILITIES PROFILE**

**A. AREA FACILITIES ENGINEER**

- (1) Name: \_\_\_\_\_
- (2) Years experience in facilities engineering. \_\_\_\_\_
- (3) Years experience as a Facilities Manager at a health care installation other than IHS. \_\_\_\_\_
- (4) Years experience as a Facilities Manager at a health care installation in IHS. \_\_\_\_\_
- (5) Years experience as an IHS Area Facilities Engineer. \_\_\_\_\_
- (6) Number of IHS Areas assigned as an Area Facilities Engineer. \_\_\_\_\_
- (7) Years experience in health care as an engineer. \_\_\_\_\_
- (8) Years experience in health care facilities engineering. \_\_\_\_\_
- (9) Years experience in facilities engineering. \_\_\_\_\_
- (10) Years experience as an engineer. \_\_\_\_\_
- (11) Type of degree(s). \_\_\_\_\_
- (12) Registered professional engineer? (YES/NO) \_\_\_\_\_
- (13) In what discipline are you registered? \_\_\_\_\_

**B. AREA OFFICE STAFF**

- (1) How many engineers are assigned to the facilities engineering program at the Area? \_\_\_\_\_
- (2) Is your Area staff credentialed in facilities engineering? (YES/NO) \_\_\_\_\_
- (3) Are they registered engineers? (YES/NO) \_\_\_\_\_
- (4) Does your staff have experience in health care as Facilities Managers? \_\_\_\_\_

**C. AREA JURISDICTION**

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- (1) How many IHS service units does the Area have under its jurisdiction? \_\_\_\_\_
- (2) What is the total number of IHS installations for the IHS service units? \_\_\_\_\_
- (3) How many IHS installations in this Area are:
- Hospitals \_\_\_\_\_
- Health centers \_\_\_\_\_
- Clinics \_\_\_\_\_
- Quarters \_\_\_\_\_
- Other (Specify) \_\_\_\_\_
- (4) How many tribal "service units" does the Area have under its jurisdiction? \_\_\_\_\_
- (5) What is the total number of tribal installations for the tribal service units? \_\_\_\_\_
- (6) How many tribal installations in this Area are:
- Hospitals \_\_\_\_\_
- Health centers \_\_\_\_\_
- Clinics \_\_\_\_\_
- Quarters \_\_\_\_\_
- Other (Specify) \_\_\_\_\_

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**APPENDIX B**

**SERVICE UNIT AESTHETIC SITE EVALUATION**

**AREA NAME**

\_\_\_\_\_

**SERVICE UNIT NAME**

\_\_\_\_\_

**INSTALLATION NAME**

\_\_\_\_\_

**INSTALLATIONS UNDER THE SERVICE UNIT**

NAME	PROGRAM FUNCTION	YEAR BUILT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**A. TOUR OF FACILITY**

Obtain a site plan for reference during the tour. Begin the tour from a location from which a view of the overall facility is available. Observe boundary lines, community areas, utility services, parking lots, roadways and any features that may impact on the facilities engineering program. Start the tour by inspecting the roof and penthouses and work down the building to the basement, crawl space and/or utility/mechanical equipment space using both stairways and elevators.

Tour sample patient areas, including nurse station(s), patient baths and toilet rooms, laundry, trash rooms, and office areas. Note condition of walls, floors, interior signage, and ceilings of ward areas. Inspect engineering equipment and utility areas for cleanliness and security. Tour the operating room suite, medical supplies storage and distribution, laboratory, radiology, pharmacy, dietetics, outpatient area, shipping and receiving, supply warehouse, laundry and facilities shop areas. Check for overall maintenance. Observe if the maintenance is appropriate to allow the areas to be functional. If not, have plans been developed for improvement? Tour air conditioning plant, boiler plant and emergency generator rooms. Check all equipment operational logs. Observe general condition of housekeeping, cleanliness and safety. Observe exterior of buildings for signs of deterioration of windows, trim, painting and masonry. Observe condition of roads, parking lots, sidewalks, exterior signage, and grounds maintenance.

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**B. RATING CRITERIA FOR AESTHETIC EVALUATION**

CATEGORIES

NEEDS URGENT IMPROVEMENT (U)	Urgent improvement is needed for the preservation of government property.
NEEDS IMPROVEMENT (NI)	Consistency of deficiency denotes need for attention by facilities program to avoid major deterioration. Deterioration and/or general appearance detracts from aesthetic appeal.
AVERAGE (A)	Appearance is average, facilities program is accomplishing its mission.
GOOD (G)	Appearance above average, facility shows good facilities program implementation.

Note: Ratings are based on random sampling selected by reviewer(s) during a walk-through. Ratings are intended more to illustrate the general perception of the facility.

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**EXTERIOR**

_____	Roof
_____	Flashing
_____	Roof Penetrations
_____	Windows
_____	Brick
_____	Siding
_____	Stucco
_____	Floor
_____	Painting
_____	Caulking
_____	Lighting
_____	Grounds
_____	Grounds Drainage
_____	Trees
_____	Shrubs
_____	Ground Cover
_____	Irrigation
_____	Doors
_____	Door Frames
_____	Door Latching
_____	Signage
_____	Parking Striping
_____	Roads
_____	Walks
_____	Ramps
_____	Handicap (ADA)
_____	Trash Area
_____	Incineration

**INTERIOR**

_____	Windows
_____	Doors
_____	Door Frames
_____	Door Latching
_____	Elevator
_____	Painting
_____	Cove Base
_____	Trim
_____	Lighting
_____	Floor
_____	Carpet
_____	Signage
_____	Restrooms
_____	Drinking Fountains
_____	Public Phones
_____	Public Seating
_____	Furniture
_____	Handicap (ADA)
_____	Hall and Walls
_____	Stairwells
_____	Mechanical Spaces
_____	Patient Areas
_____	Office Areas
_____	Fire and Safety
_____	Ceilings
_____	Door Stops
_____	Auto. Door Holders

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**APPENDIX C1**

**SERVICE UNIT ADMINISTRATION**

**A. OFFICE MANAGEMENT**

REVIEW TEAM RATING \_\_\_\_\_

- (1) Is there a written program of procedures that clearly defines the facilities engineering program requirements? (YES/NO) \_\_\_\_\_

(Insert an X next to the procedures that you have in place)

Administration

_____	Administrative Issues
_____	Mission Statement
_____	Goals and Objectives
_____	Delegation of Authority
_____	Employee Meetings
_____	Service Unit Policies
_____	Statement of Accountability
_____	Preventive Maintenance Program
_____	Workload Staffing
_____	Budget and Accounting
_____	Assignment of Work
_____	Emergency Procurement
_____	Records Control
_____	Management of Maintenance Contracts
_____	File Index
_____	Smoking
_____	Emergency Telephone List
_____	Response to Emergencies
_____	Accountability of Government Property
_____	Technical Library
_____	Security of Facilities Space
_____	Requisition and Receipt of Supplies and Materials
_____	Work Order Requests
_____	Key Control
_____	Emergency Employee Call Back
_____	Equal Employment Opportunity
_____	Environmental Inspection Program
_____	Facilities Engineering Program Plan (FEPP)
_____	Facilities Engineering Program Review
_____	Facility Annual Inspections
_____	Facility Deep Look Surveys
_____	Internal Control Program
_____	Approval of Overtime
_____	Facilities Storage Space
_____	Spare Parts and Inventory Control
_____	Employee Training
_____	Employee Performance Evaluation
_____	New Employee Orientation

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\_\_\_\_\_ Use of Rest Periods  
\_\_\_\_\_ Absenteeism and Tardiness (Call-In Procedure)  
\_\_\_\_\_ Approval of Leave  
\_\_\_\_\_ Employee Clearance  
\_\_\_\_\_ Use of Personal Tools  
\_\_\_\_\_ Light Duty Assignments  
\_\_\_\_\_ Bulletin Boards  
\_\_\_\_\_ Tours of Duty  
\_\_\_\_\_ Accounting of Work Hours  
\_\_\_\_\_ Automated Engineering Management System  
\_\_\_\_\_ Shift Coverage - Plant Operations  
\_\_\_\_\_ Dress Code  
\_\_\_\_\_ Utilization of Government Vehicles  
\_\_\_\_\_ Reporting Repair Costs on Non-Clinical Equipment  
\_\_\_\_\_ Equipment Replacements  
\_\_\_\_\_ Tool Storage, Distribution and Inventory  
\_\_\_\_\_ Courtesy in the Use of Elevators  
\_\_\_\_\_ Authority Having Jurisdiction  
\_\_\_\_\_ Administrative Communication  
\_\_\_\_\_ Standard Maintenance Contract Clauses for PL 93-638  
\_\_\_\_\_ Area Facilities Board  
\_\_\_\_\_ Space Surveys  
\_\_\_\_\_ Construction Project Files  
\_\_\_\_\_ Local Projects  
\_\_\_\_\_ Final Inspection of Projects  
\_\_\_\_\_ Estimating  
\_\_\_\_\_ Review of Construction Drawings  
\_\_\_\_\_ Construction Program

Equipment Management

\_\_\_\_\_ Equipment Management Program  
\_\_\_\_\_ Equipment Inventory Criteria  
\_\_\_\_\_ Equipment Inventory Listing  
\_\_\_\_\_ Reporting of Equipment Failures  
\_\_\_\_\_ Testing of Microwave Ovens  
\_\_\_\_\_ Inspection of Staff and Patient Owned Electric  
\_\_\_\_\_ Equipment/Appliances  
\_\_\_\_\_ Review of New Equipment Requisitions  
\_\_\_\_\_ New Equipment Inspection  
\_\_\_\_\_ Portable Heating Devices  
\_\_\_\_\_ Use of Extension Cords

Utilities Management

\_\_\_\_\_ Utilities Management Program  
\_\_\_\_\_ Utility Equipment Inventory Criteria  
\_\_\_\_\_ Utility Operational Plan  
\_\_\_\_\_ Utility Reference Documents  
\_\_\_\_\_ Utility Equipment Inventory Listing  
\_\_\_\_\_ Scheduled Utility Shutdowns  
\_\_\_\_\_ Reporting of Utility Failures  
\_\_\_\_\_ Utility Emergency Shutoff  
\_\_\_\_\_ Domestic Hot Water Limits  
\_\_\_\_\_ Failure of Plumbing Systems

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_____	Failure of Elevators
_____	Failure of HVAC Systems
_____	Failure of Oxygen Systems
_____	Failure of Vacuum Systems
_____	Failure of Boiler/Steam Systems
_____	Failure of Electrical Systems
_____	Failure of Potable Water Systems
_____	Failure of Pneumatic System
_____	Failure of Nurse Call System
_____	Failure of Medical Air Systems
_____	Failure of Nitrous Oxide Systems
_____	Cooling Tower Operation
_____	Heating Season Start-Up Criteria
_____	HVAC Season Start-Up Criteria
_____	Boiler Fuel Firings
_____	Incinerator Operation
_____	Testing of Oxygen Systems
_____	Testing of HVAC Systems
_____	Testing of Potable Water System
_____	Testing of Isolated Power Systems
_____	Testing of Electrical Systems
_____	Testing of Exhaust Hoods
_____	Testing of Medical Air Systems
_____	Testing of Vacuum Systems
_____	Testing of Nitrous Oxide Systems
_____	Testing of Combustion Controls
_____	Inspection of Boilers
_____	Testing of Backflow Devices
_____	Testing of Emergency Generators
_____	Testing of Electrical Receptacles
_____	Testing of Elevators
_____	Testing of Fire Hydrants
_____	Testing of Portable Fire Extinguishers
_____	Testing of Smoke Detectors
_____	Testing of Heat Detectors
_____	Testing of Fire Alarm Control Panels
_____	Testing of Manual Stations/Bells
_____	Testing of Sprinkler Systems
_____	Testing of Standpipe and Hose Connections
_____	Testing of Fire Pumps
_____	Testing of Fire Extinguishing Water Supply Systems
_____	Testing of Automatic Hood Extinguishing Systems
_____	Temperature and Humidity Criteria
_____	Testing of Fire Door and Dampers
_____	Testing of Duct Detectors
_____	Testing of Microwave Ovens
_____	Balancing of HVAC Systems
_____	Fire Alarm Malfunction
_____	Boiler Operation
_____	Incinerator Operation
_____	Potable Water Operation
_____	Smoke Control system
_____	Use of Elevators

Grounds Management

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\_\_\_\_ Snow and Ice Removal  
\_\_\_\_ Maintenance of Grounds  
\_\_\_\_ Testing of Irrigation Systems  
\_\_\_\_ Heliport Grounds Requirements

Energy Management

\_\_\_\_ Energy Conservation Program  
\_\_\_\_ Utility Consumption Analysis  
\_\_\_\_ Energy Conservation Awareness Program  
\_\_\_\_ Utility Reduction Plan  
\_\_\_\_ Energy Project Justification

Safety Management

\_\_\_\_ Safety and Occupational Health Program  
\_\_\_\_ Employee Protective Equipment  
\_\_\_\_ Ethylene Oxide  
\_\_\_\_ Device Related Hazard Alert  
\_\_\_\_ Infection Control  
\_\_\_\_ Employee Respiratory Program  
\_\_\_\_ Disaster Preparedness Program  
\_\_\_\_ Electrical Safety  
\_\_\_\_ Accident Reporting  
\_\_\_\_ Replacement of Compressed Gas Cylinders  
\_\_\_\_ Tag Out/Lock Out of Equipment  
\_\_\_\_ Safe Use of Grounds Maintenance Equipment  
\_\_\_\_ Hearing Conservation Program  
\_\_\_\_ Life Safety Evaluation of Facilities to be Leased  
\_\_\_\_ Radiation Protection  
\_\_\_\_ Material Safety Data Sheets  
\_\_\_\_ Fire Separation Documentation  
\_\_\_\_ Fire Plan  
\_\_\_\_ Isolation Room Precautions  
\_\_\_\_ Replacement of Doors  
\_\_\_\_ Employee Right-to-Know  
\_\_\_\_ Use of Compressed Air  
\_\_\_\_ Handling and Use of Compressed Gas Cylinders  
\_\_\_\_ Decontamination of Equipment  
\_\_\_\_ Evacuation Due To Toxic Fumes  
\_\_\_\_ Smoking  
\_\_\_\_ Hazards in Oxygen Environment

Environmental Management

\_\_\_\_ Environmental Compliance Program  
\_\_\_\_ Waste Management Program  
\_\_\_\_ Hazardous Waste Management Program  
\_\_\_\_ Hazardous Material Inventory  
\_\_\_\_ Hazardous Waste Spills  
\_\_\_\_ Emissions Environmental Compliance  
\_\_\_\_ Asbestos Management Program  
\_\_\_\_ Underground Storage Tanks

(2) Is there a written policy for file control

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- in facilities engineering? (YES/NO) \_\_\_\_\_
- (3) Is there a written file index? (YES/NO) \_\_\_\_\_
- (4) Is there a written records control disposal policy in facilities engineering? (YES/NO) \_\_\_\_\_
- (5) Is there a written management briefing with the Service Unit Director or Executive Officer at least yearly? (YES/NO) \_\_\_\_\_
- (6) Is the briefing documented in writing? (YES/NO) \_\_\_\_\_
- (7) Is there a written delegation of authority for the Facilities Manager to procure necessary services in an emergency? (YES/NO) \_\_\_\_\_

**B. PERSONNEL MANAGEMENT**

**REVIEW TEAM RATING** \_\_\_\_\_

- (1) Is any job description or billet in the service unit facilities engineering office dated more than 5 years ago? (YES/NO) \_\_\_\_\_
- (2) On what date were employees asked to contribute to the writing of their performance standards? \_\_\_\_\_
- (3) What is the percentage of personnel turnover in the facilities engineering staff in the past three complete fiscal years? \_\_\_\_\_ %
- (4) Have temporary employees been used in facilities engineering during the last three complete fiscal years? (YES/NO) \_\_\_\_\_
- (5) How often are employee staff meetings held? (MONTHLY/QUARTERLY etc.) \_\_\_\_\_
- (6) Are minutes kept of staff meetings held between facilities engineering employees and the Facilities Manager? (YES/NO) \_\_\_\_\_
- (7) Do Area organizational charts reflect the present organization of the service unit Facilities engineering office? (YES/NO) \_\_\_\_\_
- (8) Is the ratio of supervisors to employees in the facilities engineering office greater than 7:1? (YES OR NO) \_\_\_\_\_
- (9) Is a documented staffing utilization review of the service unit facilities engineering manpower conducted at least every 3 years? (YES/NO) \_\_\_\_\_

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- (10) What training has been provided to the facilities engineering staff the past three complete fiscal years? What were the course titles and what was the duration of each?

Course Title	Hours
_____	_____
_____	_____
_____	_____
_____	_____

- (11) Was any cross training provided to the employees that did not attend the courses? (YES/NO) \_\_\_\_\_

**C. TECHNICAL LIBRARY**

**REVIEW TEAM RATING** \_\_\_\_\_

- (1) Is there an ample library of technical books in the facilities engineering office in addition to manufacturer's literature? (YES/NO) \_\_\_\_\_

(Insert an X next to the references that you have in your library)

- \_\_\_\_\_ Indian Health Manual, Part 1 and 5
- \_\_\_\_\_ Technical Handbook for Health Facilities, Volume VI, Facilities Engineering
- \_\_\_\_\_ PHS Facilities Manual, Volume I, Facilities Planning, Design, and Construction
- \_\_\_\_\_ American With Disabilities Act Accessibility Guidelines
- \_\_\_\_\_ Occupational Safety and Health Act, 29 CFR 1910
- \_\_\_\_\_ Guidelines for Construction and Equipment of Hospitals and Medical Facilities
- \_\_\_\_\_ National Plumbing Code Handbook
- \_\_\_\_\_ Standard Plant Operator's Questions and Answers,
- \_\_\_\_\_ Standard Plumbing Engineering Design
- \_\_\_\_\_ NFPA-99/Healthcare Facilities
- \_\_\_\_\_ NFPA-101/Life Safety Code
- \_\_\_\_\_ NFPA-70/National Electrical Code

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- \_\_\_\_\_ NFPA-70B/Electrical Equipment Maintenance
- \_\_\_\_\_ NFPA-70E/Electrical Safety Requirements for  
Employee Workplaces
- \_\_\_\_\_ NFPA-13A/Inspection, Testing and Maintenance of  
Sprinkler Systems
- \_\_\_\_\_ Hospital Engineering Handbook
- \_\_\_\_\_ Infectious Control in the Hospital
- \_\_\_\_\_ JCAHO - Accreditation Manual for Hospitals
- \_\_\_\_\_ Hospital Survey Profile
- \_\_\_\_\_ PTSM Standards PL 1, 2, 3, and 4
- \_\_\_\_\_ PTSM KIPS Survey Guide
- \_\_\_\_\_ Construction Inspector's Guide
- \_\_\_\_\_ Means - Construction Cost Data
- \_\_\_\_\_ Facilities Maintenance Standards
- \_\_\_\_\_ National Board Inspection Code for Boiler and Pressure  
Vessel Inspectors, ANSI/NB-23
- \_\_\_\_\_ American Society of Mechanical Engineers
- \_\_\_\_\_ A17.1, Safety Code for Elevators and Escalators
- \_\_\_\_\_ ASME A17.2, Inspectors Manual for Elevators and  
Escalators
- \_\_\_\_\_ ASME A17.4, Guide for Emergency Evacuation of  
Passengers from Elevators
- \_\_\_\_\_ Checklists for Inspection and Testing of Electric  
Elevators
- \_\_\_\_\_ Checklists for Inspection and Testing of Hydraulic  
Elevators
- \_\_\_\_\_ QEI-1 Standard for the Qualifications of Elevator  
Inspectors
- \_\_\_\_\_ Guidelines for Protecting the Safety and Health of  
Healthcare Workers
- \_\_\_\_\_ Dodge - Hospital/Healthcare/Nursing Home Building  
Costs
- \_\_\_\_\_ Mathematics for Plumbers and Pipefitters

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- \_\_\_\_\_ National Building Code
- \_\_\_\_\_ Uniform Building Code
- \_\_\_\_\_ HVAC Systems Duct Design
- \_\_\_\_\_ Cooling and Heating Load Calculation Manual
- \_\_\_\_\_ Practical Energy Management in Healthcare Institutions

- (2) Are the as-built drawings kept up to date on work accomplished by in-house staff? (YES/NO) \_\_\_\_\_

**D. AUTOMATION** **REVIEW TEAM RATING** \_\_\_\_\_

- (1) Is there an automated data management system in place at the service unit? (YES/NO) \_\_\_\_\_
- (2) Does it track projects, work requests, FEDS data, preventive maintenance, equipment management and financial data? (YES/NO) \_\_\_\_\_
- (3) How often is the data updated? (DAILY/WEEKLY) \_\_\_\_\_
- (4) Is the information available to all employees who need it? (YES/NO) \_\_\_\_\_

**E. TRAINING** **REVIEW TEAM RATING** \_\_\_\_\_

- (1) Is a training plan developed by the Facilities Manager for each employee he/she supervises within 90 days of reporting on duty? (YES/NO) \_\_\_\_\_
- (2) Was a training plan developed by the Area Facilities Engineer for the Facilities Manager within 90 days of reporting on duty to this IHS Area? (YES/NO) \_\_\_\_\_
- (3) Does the Facilities Manager have an established technical training program for qualifying facilities employees under his/her supervision? (YES/NO) \_\_\_\_\_
- (4) How much technical training has the Area Facilities Engineer or his/her staff conducted for the service unit facilities staff in the past 3 fiscal years?

Course Title	Duration (hrs)
_____	_____
_____	_____

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- (5) Are employees who attend courses away from the service unit required to cross train other employees when they return from training courses? (YES/NO) \_\_\_\_\_
- (6) Does the Facilities Manager regularly train his/her subordinates in the technical skills required by his/her staff? (YES/NO) \_\_\_\_\_
- (7) Does the training of personnel pertain to maintenance of equipment? (YES/NO) \_\_\_\_\_

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**APPENDIX C2**

**SERVICE UNIT FINANCIAL MANAGEMENT**

REVIEW TEAM RATING \_\_\_\_\_

- (1) Is a budget prepared each year that identifies the needs of the service unit facilities program regardless of the funding received in the past? (YES/NO) \_\_\_\_\_
- (2) Have the funds provided in the past been sufficient to meet the needs of the service unit? (YES/NO) \_\_\_\_\_
- (3) Does your facilities engineering accounting system maintain a separate ledger for facilities support (FS), maintenance and improvement (M&I), and National M&I actions? (YES/NO) \_\_\_\_\_
- (4) Does the Facilities Manager identify his/her facilities budget needs for each upcoming year by object class and appropriation activity? (YES/NO) \_\_\_\_\_
- (5) Is there a written policy by the Area Facilities Office for the Facilities Manager to know what are the correct procedures for the Indian Health Facilities appropriation and its activities? (YES/NO) \_\_\_\_\_
- (6) How often are expenditures rectified by the facilities engineering office with the financial report from the Finance Department in the service unit? (WEEKLY/MONTHLY) \_\_\_\_\_
- (7) Does the fund control system show the remaining balance in each activity? (YES/NO) \_\_\_\_\_
- (8) Does the fund control system show commitment versus obligations? (YES/NO) \_\_\_\_\_
- (9) Is the distinction between M&I, QR, H&C, M&M, FS funds understood? (YES/NO) \_\_\_\_\_
- (10) Does each HHS-393 requisition contain a clear description and a detailed justification to determine if the purchase is authorized? (YES/NO) \_\_\_\_\_
- (11) Are purchase orders attached to the requisition when they are received from procurement? (YES/NO) \_\_\_\_\_

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**APPENDIX C3**

**SERVICE UNIT ENERGY MANAGEMENT**

	REVIEW TEAM RATING
(1) Is there a written energy conservation policy that defines the program for the service unit? (YES/NO)	_____
(2) In what year was the energy conservation program implemented at the service unit?	_____
(3) Does the energy conservation program have support from management at the service unit? (YES/NO)	_____
(4) Does the energy conservation plan have clear goals that are attainable and of sufficient magnitude to accomplish the required reductions? (YES/NO)	_____
(5) Have the energy conservation goals and objectives been met the last 3 fiscal years? (YES/NO)	_____
(6) Does the Facilities Manager set an energy reduction goal for each installation? (YES/NO)	_____
(7) How much energy has been reduced (%) by the service unit as compared to the 1985 baseline?	_____
(8) Is there a list of proposed projects to reduce energy consumption by installation? (YES/NO)	_____
(9) Are energy conservation projects analyzed on a projected annual energy savings basis and payback not to exceed 5 years? (YES/NO)	_____
(10) Is there any Employee Awareness Program to solicit staff cooperation in minimizing energy consumption? (YES/NO)	_____
(11) Is there a program to share energy conservation measures from the Area office to the service unit? (YES/NO)	_____
(12) Has your service unit had an energy audit conducted in the past 10 years to develop conservation measures for a plan of action? (YES/NO)	_____
(13) Does the Facilities Manager coordinate, review and monitor all energy activities? (YES/NO)	_____
(14) Is utility consumption graphed or plotted and compared to previous years? (YES/NO)	_____

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- (15) Is a written analysis conducted to justify or explain decreased/increased costs and consumption? (YES/NO) \_\_\_\_\_
- (16) Does the Facilities Manager forecast utility consumption for preparation of the service unit budget? (YES/NO) \_\_\_\_\_
- (17) Is action initiated to investigate unexplained changes in utility consumption? (YES/NO) \_\_\_\_\_
- (18) Is there a record showing the energy consumption for each installation by fiscal year since 1985? (YES/NO) \_\_\_\_\_

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**APPENDIX C4**

**SERVICE UNIT ENVIRONMENTAL MANAGEMENT**

	REVIEW TEAM RATING	
(1) Is there a written policy for an environmental compliance program for the service unit? (YES/NO)		_____
(2) Has your service unit received an environmental assessment in the past 10 years covering the topics below? (YES/NO/NA)		_____
_____ Mercury	_____	Underground tanks
_____ Ethylene oxide	_____	Radon
_____ Solid waste	_____	Formaldehyde
_____ Infectious waste	_____	Asbestos
_____ Hazardous waste	_____	Other(s)
(3) Has the Area requested any subsequent follow up reports to ensure compliance? (YES/NO)		_____
(4) Is there a program at every service unit to continue monitoring even when conditions at the location exist at acceptable levels? (YES/NO)		_____
(5) Are emissions from boiler stacks and incinerators in compliance with all applicable Federal, State, and local air pollution abatement regulations? (YES/NO)		_____
(6) Are the stack emissions from boilers and incinerators verified and analyzed at least annually and immediately after any modification to the equipment? (YES/NO)		_____
(7) Does the facilities engineering office have a written noise abatement program? (YES/NO)		_____
(8) Is there a written plan outlining the actions to be taken in the event of spillage or leakage of fuel into the storm or sanitary sewage system? (YES/NO)		_____
(9) Are there written procedures for hauling of waste to disposal sites? (YES/NO/NA)		_____
(10) Is the current disposal site used by the facility or the contractor in accordance with RCRA, State, or equivalent requirements? (YES/NO)		_____
(11) Is a copy of the RCRA, State, or equivalent certification kept in the Contracting Officer's office? (YES/NO)		_____

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- (12) Is the current disposal site used by the service unit  
or the contractor on trust land? (YES/NO) \_\_\_\_\_
- (13) Is infectious waste isolated from general refuse by  
red bagging? (YES/NO) \_\_\_\_\_
- (14) Is preliminary disposal of medical waste accomplished  
on site by incineration? (YES/NO) \_\_\_\_\_
- (15) Have the local authorities been contacted for approval  
of the discharge of pathological waste to their  
sanitary sewage systems? (YES/NO) \_\_\_\_\_

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**APPENDIX C5**

**SERVICE UNIT CONSTRUCTION MANAGEMENT**

	REVIEW TEAM RATING	
(1) Are all project scopes of work developed from the deficiencies outlined in the FEDS data bank maintained in the Area office? (YES/NO)		_____
(2) Do you schedule each project funding obligation by fiscal year quarter? (YES/NO)		_____
(3) Are project scopes adequately described by building number, floor, room and/or ward of areas to be affected? (YES/NO)		_____
(4) Is the project scope adequately defined to assure clear definition of the work that is intended? (YES/NO)		_____
(5) Do you prepare detailed estimates for each local project requested to the Area? (YES/NO)		_____
(6) Do you develop project scopes of work with sketches, drawings or other supportive documentation (e.g., studies, surveys, accreditation recommendations, code references, or other similar backup material)? (YES/NO)		_____
(7) Are your project requests for your service unit planned and within the capacity of you and your staff to accomplish if they were all approved? (YES/NO)		_____
(8) Does the Area office consult you relative to the number of projects (to be designed by OES or the Area) for your service unit to see if you can handle the added workload or burden it will create on you and your staff? (YES/NO)		_____
(9) How many local projects do you accomplish within 10% of the original funded estimate?		_____
(10) Can estimated and actual project costs be verified with written documentation? (YES/NO)		_____
(11) Are design schedules and review submissions for ES and Area designed projects being accomplished as planned with you? (YES/NO)		_____
(12) Are all ES/Area projects bid and awarded in accordance with the original construction schedules shared with you? (YES/NO)		_____
(13) Are change orders for OES/Area projects being processed appropriately and adequately with the knowledge of the		_____

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- Facilities Manager? (YES/NO) \_\_\_\_\_
- (14) What percentage of change orders for local projects, in the past 3 fiscal year were issued based on: \_\_\_\_\_
- a. Errors in drawings and specifications \_\_\_\_\_
- b. Changes in scope, design or locations \_\_\_\_\_
- c. Unforeseen physical conditions \_\_\_\_\_
- (15) Do you coordinate all projects with the affected service unit staff to minimize disruption to their department during construction? (YES/NO) \_\_\_\_\_
- (16) Do you take adequate provisions for temporary services due to construction interruptions? (YES/NO) \_\_\_\_\_
- (17) Are adequate safeguards taken during construction for safe egress in the event of fire? (YES/NO) \_\_\_\_\_
- (18) Have you combined appropriations or activities in the same appropriation, within the same project during the past 3 fiscal years in order to accomplish several projects simultaneously? (YES/NO) \_\_\_\_\_
- (19) Are you allowed to participate in intermediate construction inspections in your service unit for projects managed by ES or the Area? (YES/NO) \_\_\_\_\_
- (20) Are updated as-built drawings always received after each project is completed by the Area or OES? (YES/NO) \_\_\_\_\_
- (21) Are you contacted by the Area office or OES regarding completion of projects before final settlement with the contractor is accomplished? (YES/NO) \_\_\_\_\_
- (22) Are you involved in OES/Area pre-bid conferences for projects in your service unit? (YES/NO) \_\_\_\_\_
- (23) Are you asked to participate in OES or Area pre-construction conferences for projects in your service unit? (YES/NO) \_\_\_\_\_
- (24) Have you received what you consider adequate training in construction management? (YES/NO) \_\_\_\_\_
- (25) Do you keep individual project files for each local project that you accomplish with your workforce or contractor? (YES/NO) \_\_\_\_\_
- (26) Does each local project file contain the pertinent work orders (if applicable) and HHS-393 material and services requisitions for all material that was \_\_\_\_\_

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- purchased for the project? (YES/NO) \_\_\_\_\_
- (27) Does each local project file contain a final summary  
sheet to close out the project and forward the  
capitalization to property management? (YES/NO) \_\_\_\_\_
- (28) Does each work order (if applicable) and HHS-393  
requisition contain the project number and project  
title as approved on the FEPP? (YES/NO) \_\_\_\_\_

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**APPENDIX C6**

**SERVICE UNIT PREVENTIVE MAINTENANCE**

	REVIEW TEAM RATING	
(1) Is there a written program outlining the preventive maintenance program at the service unit? (YES/NO)		_____
(2) Have you determined the items to be included in the active phase of the PM program? (YES/NO)		_____
(3) Does your PM program cover each piece of equipment at your facility? (YES/NO)		_____
(4) Do you have established written criteria that you use to reduce the number of equipment items to be included in the PM program? (YES/NO)		_____
(5) Is the workload in the PM program within the staffing available to perform the workload by the service unit facilities staff? (YES/NO)		_____
(6) If the staffing is not available how do you ensure that the preventive maintenance is accomplished?		_____
		_____
		_____
(7) Is there a priority system for completion of the PM when occasional staffing shortages does not allow completion of all work? (YES/NO)		_____
(8) Have you informed management in writing that you are not accomplishing all the PM required by accreditation, codes, and regulations? (YES/NO)		_____
(9) Is the service unit safety committee informed in writing when you deviate from the accreditation requirements? (YES/NO)		_____
(10) Have additional resources been provided to accomplish the task? (YES/NO)		_____
(11) Is all equipment identified and tagged following IHS criteria? (YES/NO)		_____
(12) Is equipment coded in the maintenance inventory by categories (e.g., HVAC, switchgear)? (YES/NO)		_____
(13) Does each piece of equipment have a unique number to		_____

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- distinguish it from others? (YES/NO) \_\_\_\_\_
- (14) Are equipment changes, additions, and deletions to the inventory accomplished? (YES/NO) \_\_\_\_\_
- (15) Does each piece or type of equipment listed in the inventory have written PM and testing procedures documented in a PM checklist? (YES/NO) \_\_\_\_\_
- (16) Does each piece of equipment have an identified PM time requirement documented on the PM checklist? (YES/NO) \_\_\_\_\_
- (17) Is there a written PM master schedule? (YES/NO) \_\_\_\_\_
- (18) Is the PM program computerized? (YES/NO) \_\_\_\_\_
- (19) Are manufacturer's recommendations, codes, personal experience, and equipment history used as a basis for developing the PM requirements? (YES/NO) \_\_\_\_\_
- (20) Is a record kept of all repair expenditures (labor and materials) for each piece of equipment? (YES/NO) \_\_\_\_\_
- (21) Do you charge the labor and materials cost for PM to the equipment card for each piece of equipment? (YES/NO) \_\_\_\_\_
- (22) Is the PM program reviewed at least annually? (YES/NO) \_\_\_\_\_
- (23) Is the PM program review documented? (YES/NO) \_\_\_\_\_
- (24) Is the PM inventory separate or separable from other inventories? (YES/NO) \_\_\_\_\_
- (25) Do you maintain separate PM inventories for utilities and personal property (non-clinical) equipment? (YES/NO) \_\_\_\_\_
- (26) Is routine PM and calibration on tools and equipment, if required, performed and documented? (YES/NO) \_\_\_\_\_
- (27) Is there a reliable mechanism in place for taking care of carryover PM work that was not accomplished when scheduled in the required frequency? (YES/NO) \_\_\_\_\_
- (28) What percentage of preventive maintenance work is generally completed within the month due? \_\_\_\_\_ %
- (29) Are follow-up work orders generated for repairs identified during preventive maintenance? (YES/NO) \_\_\_\_\_
- (30) Are JCAHO PM records kept organized and easily retrieved for inspection and verification? (YES/NO) \_\_\_\_\_

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**APPENDIX C7**

**SERVICE UNIT WORK MANAGEMENT**

<b>A. WORK ORDERS</b>	<b>REVIEW TEAM RATING</b> _____
(1) Is there a written service unit policy that establishes and describes the work order program for employees at the service unit? (YES/NO)	_____
(2) Is all facilities employee workload accounted for by the use of work orders? (YES/NO)	_____
(3) Are work orders computerized for tracking, archiving, and reporting? (YES/NO)	_____
(4) Do work orders show the amount of labor cost and materials expended for each work order? (YES/NO)	_____
(5) Are all work orders classified by trade and filed by fiscal year? (YES/NO)	_____
(6) Does each work order document a priority that was assigned by the Facilities Manager? (YES/NO)	_____
(7) Do you use blanket work orders for some specific repetitive work? (YES/NO)	_____
(8) For what purposes are blanket work orders issued in your service unit?	_____
_____	_____
_____	_____
_____	_____
(9) How long are blanket work orders opened before they are closed out? (WEEKLY/MONTHLY QUARTERLY)	_____
(10) Do all work orders for equipment repairs contain the equipment PM numbers, so that the cost of repairs can be charged to the equipment record card? (YES/NO)	_____
(11) Are work orders coded to allow the Facilities Manager to track costs to specific departments in the facility if it is necessary? (YES/NO)	_____

<b>B. WORK PLANNING</b>	<b>REVIEW TEAM RATING</b> _____
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- (1) Is all work (maintenance or non-maintenance) performed by facilities engineering staff documented on work orders? (YES/NO) \_\_\_\_\_
- (2) Are work order requestors being notified of work order status in terms of both acceptance, rejection, and estimated start and completion times? (YES/NO) \_\_\_\_\_
- (3) Are written priorities established on the work order forms? (YES/NO) \_\_\_\_\_
- (4) Does the Facilities Manager review the work order summary? (YES/NO) \_\_\_\_\_
- (5) How often are work orders evaluated by the Facilities Manager for prioritization? (DAILY/WEEKLY) \_\_\_\_\_
- (6) What are the reasons for delays in accomplishing work orders?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (7) Do you have someone designated to follow up on shop efficiency, workload, production, backlog, and time spent waiting for parts? (YES/NO) \_\_\_\_\_

**C. INVENTORY CONTROL** **REVIEW TEAM RATING** \_\_\_\_\_

- (1) Is a documented inventory control system in operation to keep track of spare parts and material stock levels? (YES/NO) \_\_\_\_\_
- (2) Is there a document that establishes the minimum and maximum stock quantities established for parts and material? (YES/NO) \_\_\_\_\_
- (4) Are material requisitions cleared with the Facilities Manager before purchasing? (YES/NO) \_\_\_\_\_
- (5) Have interchangeable parts for the major components been identified? (YES/NO) \_\_\_\_\_
- (6) When equipment is replaced or new equipment is added, is interchangeability of parts kept in mind? (YES/NO) \_\_\_\_\_

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**APPENDIX C8**

**SERVICE UNIT SERVICE CONTRACTS**

REVIEW TEAM RATING \_\_\_\_\_

- (1) Does the Area office have any Area-wide service contracts for real property equipment or non-clinical personal property equipment that cover your service unit? (YES/NO) \_\_\_\_\_
- (2) Have any service contracts been eliminated due to training of facilities employees and elimination of the need for a contract? (YES/NO) \_\_\_\_\_
- (3) What is the total cost of all your real property service contracts? \$ \_\_\_\_\_
- (4) What is the total cost of all your personal property (non-clinical) equipment service contracts? \$ \_\_\_\_\_
- (5) Do you know the amount of time it should take for the vendor to accomplish each one of your service contracts? (YES/NO) \_\_\_\_\_
- (6) Do all your service contract specifications contain detailed procedures for the requirements the contractor needs to perform in accomplishing the contract? (YES/NO) \_\_\_\_\_
- (7) Do all your service contract specifications contain a requirement for the contractor to submit proof of competency for his/her employee(s) that will be performing the work in the contract? (YES/NO) \_\_\_\_\_
- (8) Do all your service contract specifications contain a requirement for the contractor to submit proof of certification for calibration of the test equipment that he/she will be using in your service contracts? (YES/NO) \_\_\_\_\_
- (9) Do all your service contract specifications contain a requirement for the contractor to submit proof of the contractor's parts availability for the equipment included in the service contracts? (YES/NO) \_\_\_\_\_
- (10) Do all your service contract specifications contain a requirement for the time frame the contractor has to bring back equipment into service from the time of the initial call? (YES/NO) \_\_\_\_\_

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- (11) Do all your service contract specifications contain detailed requirements to measure the contractor's work performance and specify the parameters that will be used to terminate the contract for performance?  
(YES/NO) \_\_\_\_\_
- (12) Do all your service contract specifications contain detailed requirements for the format of the documentation the contractor needs to submit to comply with accreditation, codes, and regulations? (YES/NO) \_\_\_\_\_
- (13) Is the Facilities Manager the sole responsible official for monitoring the technical performance of service contracts? (YES/NO) \_\_\_\_\_
- (14) Are you satisfied with the overall performance (scheduling, checking in, documentation, quality of work) of your service contracts over the past three fiscal years? (YES/NO) \_\_\_\_\_
- (15) When a service contract is used to perform a service work is the work performed by the vendor periodically checked by personnel in facilities engineering?  
(YES/NO) \_\_\_\_\_
- (16) Are records of service calls under the terms of the contract documented? (YES/NO) \_\_\_\_\_
- (17) Does the vendor check in with the Facilities Manager before and after performing work? (YES/NO) \_\_\_\_\_
- (18) Are repairs performed as part of the service contracts accomplished on-site? (YES/NO) \_\_\_\_\_
- (19) Are back-ups provided if the equipment is taken to the factory for repairs? (YES/NO) \_\_\_\_\_
- (20) Are there specific requirements for approval of work prior to making major, expensive repairs, and/or parts replacement not covered under the service contract?  
(YES/NO) \_\_\_\_\_
- (21) Is there availability of several contractor sources to compete for the work that needs to be contracted?  
(YES/NO) \_\_\_\_\_
- (22) Who determines the appropriate mixture of contract and in-house service? \_\_\_\_\_
- (23) Does the Area or the Facilities Manager determine which services will be contracted? \_\_\_\_\_

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**APPENDIX C9**

**SERVICE UNIT EQUIPMENT MANAGEMENT**

	REVIEW TEAM RATING
(1) Is all in-coming equipment tested prior to initial use and at least annually thereafter? (YES/NO)	_____
(2) If a testing interval longer than annual is used after the initial test is used, is it justified by experience and approved by the safety committee? (YES/NO)	_____
(3) Is all equipment testing documented in writing and filed in a secured location in the Facilities Manager's office? (YES/NO)	_____
(4) Is there documentation that all electrically susceptible patient areas are tested for quality of grounding at least semi-annually? (YES/NO)	_____
(5) Is there documentation of orientation training and at least annual continuing education of equipment users? (YES/NO)	_____
(6) Are all relevant equipment failures reported in writing to the safety committee? (YES/NO)	_____
(7) Are electrical appliances and/or equipment owned by employees or patients inspected for safety before they are allowed to be used on facility grounds? (YES/NO)	_____
(8) Are portable heating devices prohibited in the hospital facilities? (YES/NO)	_____
(9) Is there a written procedure on handling of hazard alerts or recall notices? (YES/NO)	_____
(10) Is documentation kept on actions required by hazard alerts or recall notices? (YES/NO)	_____

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**APPENDIX C10**

**SERVICE UNIT UTILITIES MANAGEMENT**

REVIEW TEAM RATING \_\_\_\_\_

**A. GENERAL**

- (1) Is there a written program outlining a utilities management program as required by JCAHO? (YES/NO) \_\_\_\_\_
- (2) Does the utility management program include the requirement for individual written inventories for each utility identified by JCAHO that includes each system and/or component which is to be maintained in the preventive maintenance program for critical system components that play a role in life support, infection control, environmental support, and equipment support for sleeping and treatment areas? (YES/NO) \_\_\_\_\_
- (3) Does the utility management program contain individual operational plans for each utility identified by JCAHO that include a narrative of the basic operation of each utility, written procedures for testing, inspecting, and calibrating each system and/or component to include what will be tested, what intervals it will be tested and/or inspected and what findings will be considered acceptable? (YES/NO) \_\_\_\_\_
- (4) Does the documentation maintained on testing, inspections, and calibrations and corrective actions include at a minimum when the test or inspection took place, what the results were, who conducted the test, inspection, and/or calibration? (YES/NO) \_\_\_\_\_
- (5) Are the results of equipment testing communicated to the individual departments that use the equipment or system? (YES/NO) \_\_\_\_\_
- (6) Does the utilities management program include training on each individual utility identified by JCAHO and consist of orientation of new employees and annual refresher for all operators, maintenance employees and others as determined by the facility safety committee? (YES/NO) \_\_\_\_\_
- (7) Does the training include at a minimum how to recognize a problem, who to contact for correction, and corrective actions to take until the problem is resolved, review of utility policies, discussion

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of each utility operation, review of findings reflected from problem identification based on data from incident reports, and hazard surveillance? (YES/NO) \_\_\_\_\_

- (8) Does the utilities management program include reference drawings or sketches for each utility required by JCAHO which clearly show the entire system and each component needed during critical or maintenance conditions? (YES/NO) \_\_\_\_\_
- (9) Do the individual reference drawings include at a minimum the location by room number or other clear indication where each critical component is located. Is a tag or label affixed to each critical component identifying its purpose? (YES/NO) \_\_\_\_\_
- (10) Does the utilities management program include the requirement for a written plan outlining the procedures for prompt repair or replacement and for providing substitute support for partial or total cessation of equipment or system failure for each utility? (YES/NO) \_\_\_\_\_
- (11) Do the plans for each utility identified by JCAHO include at a minimum written procedures outlining actions to be taken in the event of failure of each utility, actions need to define who, what, where, whom and why, and include alternate individuals to contact? (YES/NO) \_\_\_\_\_
- (12) Does the utilities management program include a quality assurance program to identify and document utility problems, failures and actions taken to resolve them for each utility identified by JCAHO? (YES/NO) \_\_\_\_\_
- (13) Does the utilities management quality assurance program include at a minimum, written summaries of utility problems, failures and reporting of utility hazards to the facility safety committee for review and evaluation of actions to correct and/or avoid future similar incidents? (YES/NO) \_\_\_\_\_
- (14) Does the service unit have a written utility interruption plan in the event of curtailment due to weather or national crisis? (YES/NO) \_\_\_\_\_
- (15) Is there a written policy for scheduling of utility shutdowns? (YES/NO) \_\_\_\_\_
- (16) Is there a written inventory of major interruption devices (valves and breakers) in the utility systems and are they exercised at least annually? (YES/NO) \_\_\_\_\_

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**B. BOILER PLANT**

**REVIEW TEAM RATING** \_\_\_\_\_

- |      |  |       |
|------|--|-------|
| (1)  | Is the fuel used the most economical grade for the equipment involved? (YES/NO)  | _____ |
| (2)  | Is written documentation available to justify the fuel currently used? (YES/NO)  | _____ |
| (3)  | Is the fuel storage capacity adequate for the equipment being used adequate? (YES/NO)  | _____ |
| (4)  | If you have oil fired equipment does your storage capacity equal to the maximum demand operation for at least 30 January days in the site where the equipment is located? (YES/NO) | _____ |
| (5)  | If you have gas fired equipment with oil backup is the fuel oil storage equal to the maximum demand operation for 20 January days on site? (YES/NO)                                | _____ |
| (6)  | Is sampling and testing of the fuel oil in the storage tank being accomplished at least annually? (YES/NO)   | _____ |
| (7)  | Has the fuel oil storage tank been emptied and cleaned in the last five years? (YES/NO)  | _____ |
| (8)  | Is the current fuel handling system in need of improvement? (YES/NO)   | _____ |
| (9)  | Is proper air-fuel ratio being maintained in the boilers? (YES/NO)   | _____ |
| (10) | Are flue gas samples tested weekly? (YES/NO)   | _____ |
| (11) | Are firing rates normally held below 80 percent of maximum rate? (YES/NO)  | _____ |
| (12) | Is an inspection and combustion test of the fuel burning equipment made quarterly? (YES/NO)  | _____ |
| (13) | Are combustion tests of the fuel burning equipment (including safety devices and interlocks) performed at least quarterly? (YES/NO)  | _____ |
| (14) | Is the current fuel firing system in need of improvement? (YES/NO)   | _____ |
| (15) | Are high pressure steam boilers (15 psig and above) given an internal-external inspection once each year, and one external between the internal and externa inspection? (YES/NO)   | _____ |

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- (16) Are low pressure boilers inspected at least once a year? (YES/NO) \_\_\_\_\_
- (17) Are unfired pressure vessels (above 15 psig) inspected at least once a year? (YES/NO) \_\_\_\_\_
- (18) Are hydronic (hot water) boilers inspected every two years? (YES/NO) \_\_\_\_\_
- (19) Are boiler inspections being conducted by a licensed state inspector? (YES/NO) \_\_\_\_\_
- (20) Is action being taken immediately on boiler inspection reports? (YES/NO) \_\_\_\_\_
- (21) Are boiler safety valves tested quarterly or when they are shifted daily or weekly to accommodate peak loads? (YES/NO) \_\_\_\_\_
- (22) Is the boiler water tested daily? (YES/NO) \_\_\_\_\_
- (23) Is the operation of boiler plant auxiliaries in need of improvement? (YES/NO) \_\_\_\_\_
- (24) Are the plant utility meters being properly used and maintained? (YES/NO) \_\_\_\_\_
- (25) What is the last time plant utility meters were calibrated? (YES/NO) \_\_\_\_\_
- (26) What is the last time plant utility gauges were calibrated? (YES/NO) \_\_\_\_\_
- (27) What is the last time plant thermometers were calibrated? (YES/NO) \_\_\_\_\_
- (28) Are there additional meters, gauges and thermometers that should be installed? (YES/NO) \_\_\_\_\_
- (29) Is there a service contract for PM and calibration to check all boiler plant instrumentation annually? (YES/NO) \_\_\_\_\_
- (30) Is there a service contract to calibrate the boiler controls quarterly? (YES/NO) \_\_\_\_\_
- (31) Are boiler flame failure controls tested weekly by the Facilities Manager? (YES/NO) \_\_\_\_\_
- (32) Is the boiler plant adequately staffed? (YES/NO) \_\_\_\_\_
- (33) Are each of the boiler plant operators licensed or adequately credentialed to perform all the duties of the position? (YES/NO) \_\_\_\_\_

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- (34) Is a log kept of steam generation data? YES/NO) \_\_\_\_\_
- (35) Is it being used by the Facilities Manager to improve efficiency and performance? (YES/NO) \_\_\_\_\_
- (36) Are hydrostatic test of boilers performed only after a major tube replacement or when the integrity of any portion of the pressure parts of the boiler is in doubt and the licensed boiler inspector deems it necessary to conduct the test? (YES/NO) \_\_\_\_\_

**C. AIR CONDITIONING** **REVIEW TEAM RATING** \_\_\_\_\_

- (1) Are the temperatures and relative humidities in the various hospital critical care areas in writing and within the prescribed limits approved by the clinical staff? (YES/NO) \_\_\_\_\_
- (2) Is the air conditioning system being operated in accordance with IHS criteria (temperatures, air changes and humidity)? (YES/NO) \_\_\_\_\_
- (3) Is the air conditioning system balanced every five years or when modifications are made to the existing duct system? (YES/NO) \_\_\_\_\_
- (6) Has the interior of the HVAC ductwork ever been sanitized? (YES/NO) \_\_\_\_\_
- (7) Are all filters replaced at least every 12 months or when the pressure differential gauge indicates replacement? (YES/NO) \_\_\_\_\_
- (8) Are daily operating logs being maintained on all central chiller plants? (YES/NO/NA) \_\_\_\_\_
- (9) Are air conditioning chillers inspected internally at least every 5 years by a manufacturer's representative? (YES/NO/NA) \_\_\_\_\_
- (10) Are air conditioning chiller tubes cleaned at least every three years? (YES/NO) \_\_\_\_\_
- (11) Are cooling towers inspected annually? (YES/NO) \_\_\_\_\_
- (12) Is the cooling tower water being tested daily for blowdown control and to assure that the proper chemical levels are being maintained? (YES/NO) \_\_\_\_\_

**D. ELECTRICAL** **REVIEW TEAM RATING** \_\_\_\_\_

- (1) Is the main electrical switchgear inspected,

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- tested, and adjusted every 3 years? (YES/NO) \_\_\_\_\_
- (2) Are records kept of tests and maintenance work on the electrical system and components? (YES/NO) \_\_\_\_\_
- (3) Is there a written policy on the testing of electrical receptacles? (YES/NO) \_\_\_\_\_
- (4) Is there a written policy on the testing of isolated power systems? (YES/NO/NA) \_\_\_\_\_
- (5) Are all switches, switch boxes and panel boxes for patient therapy equipment kept locked or have lock switches installed? (YES/NO) \_\_\_\_\_
- (6) Are all electrical panel boxes or switch boxes in areas that are accessible to the public kept locked? (YES/NO) \_\_\_\_\_

**E. EMERGENCY POWER**

**REVIEW TEAM RATING** \_\_\_\_\_

- (1) Is an autonomous emergency power source located on the premises of the facility? (YES/NO/NA) \_\_\_\_\_
- (2) Is fuel, other than from a public utility, available on site for the emergency generator? (YES/NO/NA) \_\_\_\_\_
- (3) Is the emergency generator inspected weekly and documentation kept for all fluid levels, battery system charge, and appropriate physical environment and exercised under load for at least 30 minutes monthly? (YES/NO/NA) \_\_\_\_\_
- (4) Are adequate records of the generator tests and inspections kept?? (YES/NO/NA) \_\_\_\_\_
- (5) Does the generator log contain the following: running time, time from start to load pick up, electrical system operating values, operating rpm's, electrical and cooling system operation, exhaust system operation, operating temperatures, and fuel levels at the beginning and end of test? (YES/NO/NA) \_\_\_\_\_
- (6) Do you exercise the emergency generator under maximum connected load for 6 continuous hours at least once per year? (YES/NO/NA) \_\_\_\_\_
- (7) Are the life support branch, critical branch and equipment support branch of the electrical system divided into three distinct branches of emergency power source and the life support and critical branch \_\_\_\_\_

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functions transferred within 10 seconds of the normal power source's failure? (YES/NO/NA) \_\_\_\_\_

(8) Is fuel for the continuous running of the emergency generator for 24 hours on the premises and are arrangements available for the resupply for one week of continuous operation? (YES/NO/NA) \_\_\_\_\_

(9) If you have a day tank for on-site fuel for the generator, is it capable of supplying at least 2 hours under full load? (YES/NO/NA) \_\_\_\_\_

(10) When using a day tank is the transfer to the main fuel tank automatic? (YES/NO/NA) \_\_\_\_\_

**F. ELEVATORS**

**REVIEW TEAM RATING** \_\_\_\_\_

(1) Are annual service contracts issued for elevator and dumbwaiters preventive maintenance, inspections and safety testing? (YES/NO/NA) \_\_\_\_\_

(2) Are elevators load tested every 3 years (cable) or every 5 years (hydraulic)? (YES/NO/NA) \_\_\_\_\_

(3) Are weekly inspections made of all elevators by licensed qualified personnel? (YES/NO/NA) \_\_\_\_\_

(4) Are records kept of all elevator inspections and tests? (YES/NO/NA) \_\_\_\_\_

(5) Is corrective action on all elevator inspections or tests deficiencies initiated immediately? (YES/NO/NA) \_\_\_\_\_

(6) Is immediate follow-up action on the deficiencies identified in the inspections monitored by the Facilities Manager? (YES/NO/NA) \_\_\_\_\_

**G. FIRE PROTECTION SYSTEMS**

**REVIEW TEAM RATING** \_\_\_\_\_

(1) Is the fire alarm system tested and documented at least quarterly? (YES/NO) \_\_\_\_\_

(2) Is water with adequate pressure and volume readily available to hose stations and sprinklers? (YES/NO) \_\_\_\_\_

(3) Is the hydrant water distribution system for fire protection tested annually for adequate pressure and volume? (YES/NO) \_\_\_\_\_

(4) Are record drawings or a document that addresses the location of all features of fire protection (e.g., fire walls, smoke walls, sprinklers, fire

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- and smoke dampers, etc.) maintained? (YES/NO) \_\_\_\_\_
- (5) Does the fire alarm system minimize smoke transmission through control of designated fans and/or dampers in air handling systems? (YES/NO) \_\_\_\_\_
- (6) Are fire extinguishers inspected quarterly and tested every 5, 7 years or as applicable to the type being used at the particular application? (YES/NO) \_\_\_\_\_
- (7) Are automatic extinguishing hoods inspected quarterly and tested annually? (YES/NO) \_\_\_\_\_
- (8) Are smoke detectors tested individually at least semi-annually? (YES/NO) \_\_\_\_\_
- (9) Are duct detectors tested semi-annually? (YES/NO) \_\_\_\_\_
- (10) Are fire sprinkler flow switches tested at least quarterly? (YES/NO) \_\_\_\_\_
- (11) Are fire protection post indicator valves inspected and exercised quarterly? (YES/NO) \_\_\_\_\_
- (12) Is your computer room protected by water fire sprinklers? (YES/NO) \_\_\_\_\_

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**APPENDIX C11**

**SERVICE UNIT GROUNDS MANAGEMENT**

	REVIEW TEAM RATING
(1) Is there a documented inspection and maintenance of grounds, lawn, trees and scrubs? (YES/NO)	_____
(2) Does maintenance of grounds include fertilizing, pest control, pruning and mowing? (YES/NO)	_____
(3) Is budgeting for grounds and landscaping considered when formulating the FEPP? (YES/NO)	_____
(4) Is the irrigation system inspected and tested at least monthly? (YES/NO)	_____
(5) Are backflow devices in the irrigation system tested at least annually? (YES/NO)	_____
(6) Is there a documented inspection and maintenance program for walks, ramps, parking and roads? (YES/NO)	_____
(7) Are grounds access to the buildings and parking facilities designed for accessibility by the handicapped? (YES/NO)	_____
(8) Are exterior signs throughout the grounds adequate for the needs of the facility? (YES/NO)	_____
(9) Is the emergency room exterior signage lighted for traffic at night? (YES/NO)	_____
(10) Are grounds highway signs in conformance with local and State requirements? (YES/NO)	_____
(11) Is there a written policy for the maintenance of pets on government grounds? (YES/NO)	_____
(12) Have aircraft obstruction markings being verified with FAA regulations? (YES/NO)	_____

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**APPENDIX C12**

**SERVICE UNIT OCCUPATIONAL HEALTH**

**Note:** Do not use OSHA related items for PL 93-638 sites.

<b>A. FACILITIES SAFETY PROGRAM</b>	<b>REVIEW TEAM RATING</b> _____
(1) Is there an organized safety committee in the facilities department? (YES/NO)	_____
(2) Does the facilities department safety committee meet at least every month? (YES/NO)	_____
(3) Are written minutes kept of the safety meeting? (YES/NO)	_____
(4) Are committee findings and recommendations reviewed by the Facilities Manager and a copy of the minutes forwarded to the facility safety committee? (YES/NO)	_____
(5) Is there a written facilities engineering policy for facilities employees to report accidents? (YES/NO)	_____
(6) Is safety orientation furnished for all new facilities employees and subsequent refresher training conducted and documented by the Facilities Manager? (YES/NO)	_____
(7) Is there an ongoing safety education program provided for all facilities employees? (YES/NO)	_____
(8) Is documentation kept of the safety topics covered and those who attend? (YES/NO)	_____
(9) Are all facilities employees instructed with regard to the hazards and safety rules involved with their specific duties? (YES/NO)	_____
<b>B. ELECTRICAL SAFETY</b>	<b>REVIEW TEAM RATING</b> _____
(1) Is there a written policy for electrical safety requirements in facilities engineering? (YES/NO)	_____
(2) Is lock-out/tag-out strictly enforced? (YES/NO)	_____
(3) Are facilities employees aware of the procedures for working on or near electrical circuits and equipment that is electrically energized? (YES/NO)	_____

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- (4) Are facilities employees aware of safety procedures when working with test instruments around electrical equipment? (YES/NO) \_\_\_\_\_
- (5) Are facilities employees aware of bonding and grounding requirements? (YES/NO) \_\_\_\_\_
- (6) Are facilities employees aware of the personal protective equipment to use in energized electrical environments? (YES/NO) \_\_\_\_\_

**C. DISASTER PREPAREDNESS** **REVIEW TEAM RATING** \_\_\_\_\_

- (1) Does the Facilities Manager have a written disaster plan outlining the duties and responsibilities of facilities engineering employees in the event of a disaster (internal/external)? (YES/NO) \_\_\_\_\_
- (2) Are all facilities employees trained in their duties during a disaster? (YES/NO) \_\_\_\_\_
- (3) Is the training documented? (YES/NO) \_\_\_\_\_
- (4) Are there written procedures, including a call back system for necessary facilities engineering personnel, in the event of failure of essential equipment and utility services? (YES/NO) \_\_\_\_\_

**D. SHOPS AND STORAGE AREAS** **REVIEW TEAM RATING** \_\_\_\_\_

- (1) Are vacuum breakers installed to protect the potable water supply from contamination? (YES/NO) \_\_\_\_\_
- (2) Are fume hoods installed in areas where noxious chemicals are handled? (YES/NO) \_\_\_\_\_
- (3) Are facilities for flushing with water provided in all facilities areas where caustic or toxic materials are used? (YES/NO) \_\_\_\_\_
- (4) Are floor drains provided in areas where wet processes are used or performed? (YES/NO) \_\_\_\_\_
- (5) Are maximum load limits posted in all facilities storage areas? (YES/NO) \_\_\_\_\_
- (6) Are all chemical process areas vented at a rate of not less than one cubic foot per minute per square foot of floor space? (YES/NO) \_\_\_\_\_

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- (7) Are all compressed gas and air cylinders equipped with pressure gauges when in use? (YES/NO) \_\_\_\_\_
  
- (8) Are all compressed gas cylinders kept capped and restrained when not in use? (YES/NO) \_\_\_\_\_
  
- (9) Are all machines guarded to protect the operator from point of operation, rotating or moving parts and flying particles? (YES/NO) \_\_\_\_\_
  
- (10) Are all portable electric machinery and hand-held tools grounded or double insulated? (YES/NO) \_\_\_\_\_
  
- (11) Are all machines/equipment designed for a fixed location securely mounted? (YES/NO) \_\_\_\_\_

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**APPENDIX C13**

**SERVICE UNIT HANDICAP ACCESSIBILITY**

REVIEW TEAM RATING \_\_\_\_\_

- |   |       |
|---|-------|
| (1) Do you have a plan to phase the correction of all surveyed handicapped deficiencies at all your facilities? (YES/NO)        | _____ |
| (2) Is the main handicapped accessibility to the facility through the front door of the building? (YES/NO)                      | _____ |
| (3) Is room signage identification provided for the blind throughout the facility? (YES/NO)                                     | _____ |
| (4) Are warning signals visible and audible? (YES/NO)   | _____ |
| (5) Are floor strips and knurled knobs used to warn the blind of exits and landings? (YES/NO)                                   | _____ |
| (6) Is there adequate signage inside and outside the facility to direct the handicapped into and through the facility? (YES/NO) | _____ |
| (7) Is there an adequate number of restrooms for wheelchair accessibility? (YES/NO)   | _____ |

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**APPENDIX C14**

**SERVICE UNIT MANAGEMENT CONTROL**

REVIEW TEAM RATING \_\_\_\_\_

- (1) Does the service unit have a written procedure for a management controls program? (YES/NO) \_\_\_\_\_
- (2) Does the procedure outline a schedule of topics and frequency for conducting them? (YES/NO) \_\_\_\_\_
- (3) Does each topic have predetermined written criteria used for its review? (YES/NO) \_\_\_\_\_
- (4) Does your management control program review at a minimum the following topics? (YES/NO) \_\_\_\_\_

\_\_\_\_\_Construction

\_\_\_\_\_Utilization of funds

\_\_\_\_\_Energy Consumption

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**APPENDIX C15**

**AREA OFFICE SUPPORT TO THE SERVICE UNIT**

	REVIEW TEAM RATING
(1) Does the Area office attend service unit facilities board meetings? (YES/NO)	_____
(2) Has the Area office conducted a program review of your service unit in the last 3 years? (YES/NO)	_____
(3) Did the Area share with you the written criteria they were using to measure your program before they conducted the review? (YES/NO)	_____
(4) Did the Area follow up with a written report outlining deficiencies and recommendations for correcting them after the review was completed? (YES/NO)	_____
(5) Has assistance ever been rendered in preparing service contracts? (YES/NO)	_____
(6) Is training of service unit personnel requested in a structured basis? (YES/NO)	_____
(7) Are you asked for input into the training that you or your subordinates need for the Area to develop training for your staff? (YES/NO)	_____
(8) Does the training provided by the Area adequately meet the needs? (YES/NO)	_____
(9) How often did the Area facilities engineer visit your service unit in the past 3 fiscal years? (YES/NO)	_____
(10) How often did the Area facilities staff visit your service unit for program assistance in the past 3 fiscal years? (YES/NO)	_____
(11) Does the Area office conduct documented annual general inspections? (YES/NO)	_____
(12) Does the Area office adequately support the service unit Facilities Manager? (YES/NO)	_____
(13) Is the project management support by the Area adequate to meet the needs of the service unit? (YES/NO)	_____
(14) Has the Area Facilities Engineer ever been informed in writing of any deficiencies or recommendation? (YES/NO)	_____
(15) When was the last time the Area Facilities Engineer	_____

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- contacted your office for input and/or quality  
assurance on the performance of his/her staff towards  
your service unit? (YES/NO) \_\_\_\_\_
- (16) Does the Area staff request input on A/E performance  
after projects are completed? (YES/NO) \_\_\_\_\_
- (17) Is the service unit given adequate time to review  
drawings and specifications? (YES/NO) \_\_\_\_\_
- (18) Are review comments accepted or justification given  
for denial? (YES/NO) \_\_\_\_\_

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**APPENDIX C16**

**SERVICE UNIT FACILITIES SUPPORT TO OTHER DEPARTMENTS**

(To be answered for the past three fiscal years only)

Name of Department head: \_\_\_\_\_

Title: \_\_\_\_\_

- (1) What is the role of the facilities engineering program in the service unit?

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- (2) What specific problems and concerns do you see in the facilities engineering program as it exists?

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- (3) What specific strong points do you see in the facilities engineering program as it exists?

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- (4) What specific recommendations do you have for changes?

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- (5) Do you feel that repairs are being performed in a timely manner (response time, turn-around time) by the in-house staff? YES/NO

\_\_\_\_\_

- (6) Are you satisfied with the overall condition, function, maintenance of your equipment and space? (YES/NO)

\_\_\_\_\_

- (7) Does all equipment undergo incoming inspections before being put into service? (YES/NO)

\_\_\_\_\_

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- (8) Are you or your staff informed of hazard alerts of manufacturer's recall when a piece of equipment is removed or tagged within your work area? (YES/NO) \_\_\_\_\_
- (9) Do facilities engineering personnel contact you or your supervisory staff before they commence work in your work area even if the work order was not requested by your staff but involves them working in your area of the building? (YES/NO) \_\_\_\_\_
- (10) Are you or your staff informed when work orders you requested are completed by facilities engineering personnel? (YES/NO) \_\_\_\_\_
- (11) Are you or your staff instructed on electrical safety in the use of equipment in your department? (YES/NO) \_\_\_\_\_
- (12) Does facilities engineering personnel assist you with in-house training in matters relating to your employees and facilities equipment? (YES/NO) \_\_\_\_\_
- (13) Has there been a quality assurance questionnaire for facilities engineering program review by you and your staff in the past three fiscal years? (YES/NO) \_\_\_\_\_
- (14) Were the recommendations of the questionnaire implemented? (YES/NO) \_\_\_\_\_
- (15) Does the Facilities Manager review work with you and/or your staff regarding:
- a. Project development \_\_\_\_\_
  - b. Coordination of construction phasing \_\_\_\_\_
  - c. Interruption of utility service \_\_\_\_\_
  - d. Temporary relocation of staff offices \_\_\_\_\_
- (16) When scheduled utility interruptions are needed to accomplish non-emergency work, are you asked to recommend an appropriate time for interruption that best suits the operation of your department, the facility and patient care or are you told when it will occur? (YES/NO) \_\_\_\_\_
- (17) Are you given at least 24 hour written notice for scheduled utility interruption? (YES/NO) \_\_\_\_\_
- (18) Are you informed of delays in work orders when the delivery of materials will hamper timely completion of the work? (YES/NO) \_\_\_\_\_
- (19) Are work orders returned to you with an explanation when the requested work is not authorized or violates a code? (YES/NO) \_\_\_\_\_

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- (20) Are you offered alternative solutions to accomplish your intended work request if your proposal is not feasible? (YES/NO) \_\_\_\_\_
- (21) Are you satisfied with performance of facilities engineering as it relates to construction within your work area? (YES/NO) \_\_\_\_\_
- (22) Is there anything you would like to state that we may have missed in this interview and you feel is important to an evaluation of the facilities engineering program

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**APPENDIX C17**

**SERVICE UNIT PROFILE**

**AREA NAME** \_\_\_\_\_

**SERVICE UNIT NAME** \_\_\_\_\_

**INSTALLATION NAME** \_\_\_\_\_

**INSTALLATIONS UNDER THE SERVICE UNIT**

(Names, Program Function and year each built)

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**NUMBER OF AUTHORIZED BEDS** \_\_\_\_\_

**SQUARE FOOTAGE**

- ☐ Hospital
- ☐ Quarters
- ☐ Others

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Total \_\_\_\_\_

**AUTHORIZED FACILITIES FTE**

- ☐ Facilities \_\_\_\_\_
- ☐ Clinical Engineering \_\_\_\_\_
- ☐ Housekeeping \_\_\_\_\_
- ☐ Security \_\_\_\_\_

**MEDICAL PROGRAMS** (Insert an X next to your programs)

_____ Surgery	_____ Dialysis	_____ Research	_____ Dental
_____ ICU	_____ ENT	_____ Radiology	_____ Pulmonary
_____ CCU	_____ OB GYN	_____ Pediatrics	_____ Medicine

**FACILITIES MANAGER**

- (1) Name: \_\_\_\_\_
- (2) Years experience in the facilities field? \_\_\_\_\_
- (3) Years experience as a Facilities Manager at a health care installation other than IHS \_\_\_\_\_
- (4) Years experience as a Facilities Manager at a health care installation in IHS? \_\_\_\_\_
- (5) Number of IHS service units assigned as a Facilities Manager? \_\_\_\_\_
- (6) Years experience in health care? \_\_\_\_\_
- (7) Years experience in health care facilities? \_\_\_\_\_
- (8) Years experience in facilities engineering? \_\_\_\_\_
- (9) Years experience as an engineer? \_\_\_\_\_
- (10) Type of degree(s). \_\_\_\_\_
- (11) Are you a registered professional engineer? \_\_\_\_\_
- (12) In what discipline are you registered? \_\_\_\_\_

**SERVICE UNIT STAFF**

- (1) How many other engineers does the Area office have authorized for facilities engineering programs? \_\_\_\_\_
- (2) Are they credentialed in facilities engineering? \_\_\_\_\_

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- (3) Are they registered? \_\_\_\_\_
- (4) Do they have experience in health care  
as Facilities Managers? \_\_\_\_\_
- (5) Is your staff credentialed in facilities engineering? \_\_\_\_\_
- (6) Are they registered, licensed or certified? \_\_\_\_\_
- (7) Do any of them have experience in health care  
as Facilities Managers? \_\_\_\_\_

**SERVICE UNIT JURISDICTION**

- (1) How many IHS installations does the service unit  
have under its jurisdiction? \_\_\_\_\_
- (2) How many IHS installations in this service unit are:
  - Hospitals \_\_\_\_\_
  - Health centers \_\_\_\_\_
  - Clinics \_\_\_\_\_
  - Quarters \_\_\_\_\_
  - Other (Specify) \_\_\_\_\_
- (3) How many tribal installations does the  
service unit have under its jurisdiction? \_\_\_\_\_
- (4) How many tribal installations in this Area are:
  - Hospitals \_\_\_\_\_
  - Health centers \_\_\_\_\_
  - Clinics \_\_\_\_\_
  - Quarters \_\_\_\_\_
  - Other (Specify) \_\_\_\_\_